

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000006295 1. Entity Name VERSITILE CORPORATION OF SOUTH BROWARD					
Principal Place of Business 2601 JAMAICA DR MIRAMAR, FL 33023			Mailing Address 2601 JAMAICA DR MIRAMAR, FL 33023		
2. Principal Place of Business Suite, Apt. #, etc. 2601 JAMAICA DR			3. Mailing Address Suite, Apt. #, etc. 2601 JAMAICA DR		
City & State MIRAMAR FL			City & State MIRAMAR FL		
Zip 33023		Country BROWARD		4. FEI Number 65-1068786	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WARREN, ELIJAH 2601 JAMAICA DR MIRAMAR, FL 33023				7. Name and Address of New Registered Agent Name ELIJAH WARREN Street Address (P.O. Box Number is Not Acceptable) 2601 JAMAICA DR City MIRAMAR FL 33023	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE ELIJAH WARREN DATE 9/4/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WARREN, ELIJAH 2601 JAMAICA DR MIRAMAR, FL 33023 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300042558473 11/08/04--01050--005 **158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: ELIJAH WARREN DATE 9/4/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

FILED

04 NOV -8 AM 10:45

REINSTATEMENT
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03022003 Chg-P CR2E034 (10/03)

Handwritten initials/signature

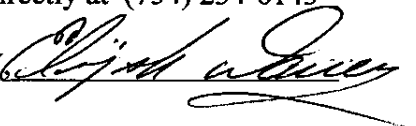
(754) 234-6143

Versitile Corporation of South Broward
2601 Jamaica Dr
Miramar FL 33023

Due to Hurricane, did not get this out on time, but was mail out before
But it was returned. So due to hurricane and business difficulties. Due to hurricane.

If you have any question, Please call me directly at (754) 234-6143

SINCERELY

A handwritten signature in cursive script, appearing to read "Robert L. Davis", written over a horizontal line.