2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000015249

1. Entity Name
WARIMDA ASSOCIATES, INC.

Principal Place of Business	Mailing Address
2708 N AUSTRALIAN AVE STE 9 W PALM BCH, FL 33407	2708 N AUSTRALIAN AVE STE 9 W PALM BCH, FL 33407

03192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0533188
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HURD, ROGER C
8295 N MILITARY TRAIL STE A
PALM BCH GARDENS, FL 33410

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000093230
03/22/04-80012-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	RIMMLER, FREDERICK P
STREET ADDRESS	5260 WOODLAND LAKES DR
CITY-ST-ZIP	PALM BCH GARDENS, FL 33410
TITLE	DVP
NAME	WALL, CHARLES K
STREET ADDRESS	19 GREENSFIELDS DR
CITY-ST-ZIP	LAKEWOOD, NJ 087017371
TITLE	DS
NAME	DANIELLO, LOUIS J
STREET ADDRESS	2708 N AUSTRALIAN AVE STE 9
CITY-ST-ZIP	W PALM BCH, FL 33407
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Louis J. Daniello/DS 3-19-04 (561) 835-4788