

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90250 013 ***150.00

DOCUMENT # P01000019344

1. Entity Name

ORGANIZE SUCCESSFUL E-BUSINESS, INC.



Principal Place of Business

200 LINDELL BLV
SUITE 918
DELRAY BEACH FL 33483

Mailing Address

200 LINDELL BLV
SUITE 918
DELRAY BEACH FL 33483

54035680



MOORE

CR2E034 (11/03)

2. Principal Place of Business

8 ROYAL PALM WAY

Suite, Apt. #, etc.

306

City & State

BOCA RATON, FL

Zip

33432

Country

U.S.A.

3. Mailing Address

8 ROYAL PALM WAY

Suite, Apt. #, etc.

306

City & State

BOCA RATON, FL

Zip

33432

Country

USA

4. FEI Number

65-1080118

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEWART, JAYNE M
200 LINDELL BLVD STE 918
DELRAY BEACH FL 33483

7. Name and Address of New Registered Agent

Name-

Street Address (P.O. Box Number is Not Acceptable)

33 SE 1st Ave, STE 102

City

DELRAY BEACH

FL

Zip Code

33444

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

Jayne M. Stewart

JAYNE M. STEWART

4-6-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PDT
NAME RANGEL, LIDA S
STREET ADDRESS 460 NW 20TH ST #310
CITY-ST-ZIP BOCA RATON FL 33431

☐ Delete

TITLE SD
NAME STEWART, JAYNE M
STREET ADDRESS 631 LINNET CIR
CITY-ST-ZIP DELRAY BCH FL 33444

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Jayne M. Stewart

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/04

Date

Daytime Phone #