


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90049 020 ***150.00

DOCUMENT # P01000024943	
1. Entity Name RIDES, SLIDES & GAMES, INCORPORATED	

Principal Place of Business 6533 NW 1ST COURT MARGATE FL 33063	Mailing Address 6533 NW 1ST COURT MARGATE FL 33063
---	---

2. Principal Place of Business Same as →	3. Mailing Address 2300 West Sample Rd. Suite, Apt. #, etc. 200-B
City & State Pompano Bch, FL	City & State Pompano Bch, FL
Zip 33073	Country Broward



MOORE CR2E034 (11/03)

4. FEI Number 65-1097391	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	---

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent TRIVLIS, DEMOSTHENES 6533 NW 1ST COURT MARGATE FL 33063	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2300 West Sample Road Ste 200-B City Pompano Beach, FL Zip Code 33073
---	---

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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE P	<input type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TRIVLIS, DEMOSTHENES		NAME Trivlis, Demosthenes	
STREET ADDRESS 6533 NW 1ST CT.		STREET ADDRESS 2300 West Sample Road Ste 200-B	
CITY-ST-ZIP MARGATE FL 33063		CITY-ST-ZIP Pompano Bch, FL. 33073	
TITLE S	<input type="checkbox"/> Delete	TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TRIVLIS, DAWN		NAME Dawn Trivlis	
STREET ADDRESS 6533 NW 1ST CT.		STREET ADDRESS 2300 West Sample Rd Ste 200-B	
CITY-ST-ZIP MARGATE FL 33063		CITY-ST-ZIP Pompano Bch, FL. 33073	
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		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: Dawn Trivlis Sec 2/19/04 954.972.0988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #