2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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SIGNATURE: _

Feb 09, 2004 08:00 AM Secretary of State DOCUMENT # P01000033754 1. Entity Name SOUTH FLORIDA TRAILERS OF FLORIDA, INC. Principal Place of Business Mailing Address 2220 SW 57TH AVE. 2220 SW 57TH AVE HOLLYWOOD FL 33023 HOLLYWOOD FL 33023 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-1090402 Not Applicable Country Zip Country \$8.75 Additional Fee Required 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CASTALINE, JAY 2220 SW 57TH AVE. Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD FL 33023 City Zip Code 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. (NOTE Registered Agent signature required when ministation) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PD ☐ Delete TIRE Change Addition U00000042062 CASTALINE, JAY NAME NAME 02/10/04-80008-009 450.00 4729 MADISON ST. STREET ADDRESS STREET ADDRESS CITY - ST - ZIP HOLLYWOOD FL 33021 CETY-ST-ZEP IIIL Delete HILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY - ST - ZIP CITY - ST-ZIP TETLE Defete TITLE Change Addition NAME MALÆ STREET ADDRESS STREET ADDRESS CITY - ST-78P CITY-ST-ZIP TITLE Delete T171 E ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP THLE Defete TITLE ☐ Change Addition MALKE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change Addition NAME MASIF STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP 12. It 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 this lee 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 as the rike empowered.

Jay Castaline

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