

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000034292

FILED
Jan 07, 2004
Secretary of State

Entity Name: FLORIDA KNIGHTS MANAGEMENT, INC.

Current Principal Place of Business:

5071 SW 40 AVE
FORT LAUDERDALE, FL 33314

New Principal Place of Business:

5071 SW 40 AVE
APT A
FORT LAUDERDALE, FL 33314

Current Mailing Address:

5071 SW 40 AVE
FORT LAUDERDALE, FL 33314

New Mailing Address:

5071 SW 40 AVE
APT A
FORT LAUDERDALE, FL 33314

FEI Number: 65-1098551

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GOLSON, STEVE T
5071 SW 40 AVE
FORT LAUDERDALE, FL 33314

Name and Address of New Registered Agent:

GOLSON, STEVE T
5071 SW 40 AVE
APT A
FORT LAUDERDALE, FL 33314

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.

SIGNATURE:

01/07/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GOLSON, STEVE T
Address: 125 ALAMAR DRIVE
City-St-Zip: WILTON MANORS, FL 33334

Title: DS () Delete
Name: CABRERA, GRETTEL
Address: 125 ALAMAR DRIVE
City-St-Zip: WILTON MANORS, FL 33334

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: GOLSON, STEVE T
Address: 5071 SW 40 AVE APT A
City-St-Zip: FORT LAUDERDALE, FL 33314

Title: DS (X) Change () Addition
Name: GOLSON, GRETTEL
Address: 5071 SW 40 AVE APT A
City-St-Zip: FORT LAUDERDALE, FL 33314

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVE GOLSON

DS

01/07/2004

Electronic Signature of Signing Officer or Director

Date