Control Processes	2004 FOR PROFIT CORPORATION ANNUAL REPORT				FILED Apr 29, 2004 08:00 AM			
9070 KMBERY BLOD, STE. 57 BOCK RITON, FL 33434 9070 KMBERY PLUD, STE. 57 BOCK RITON, FL 33434 DO NOT WRITE IN THIS SPACE 04082004 No Chor P CREEQ34 (1003) • The show and Address of Current Registered Agent HOFFMAN, BARRY G ESQ. 9070 KMBERY PLUD, STE. 57 BOCA RATON, FL 33434 04082004 No Chor P CREEQ34 (1003) • The show and Address of Current Registered Agent HOFFMAN, BARRY G ESQ. 9070 KMBERY PLUD, STE. 57 BOCA RATON, FL 33434 DO NOT WRITE IN THIS SPACE • The show and Address of Current Registered Agent HOFFMAN, BARRY G ESQ. 9070 KMBERY PLUD, STE. 57 BOCA RATON, FL 33434 DO NOT WRITE IN THIS SPACE • The show and Address of Current Registered Agent HoFFMAN, BARRY G ESQ. 9070 KMBERY PLUD, STE. 57 BOCA RATON, FL 33434 DOT NOT WRITE IN THIS SPACE • The show and Address of Qurrent Registered Agent HoFFMAN, BARRY G SSD. 0000001 93917 0000001 93917 047/29/04-80100-006 150, 00 DAT • THE MAN RATON, FL 3335 • 0000001 00000000000000000000000000000	1. Entity Name				Sec	cretary	of State	
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HOFFMAN, BARRY G ESO. 9070 KIMBERLY BLVD, STE. 57 BOCA RATON, FL 33434 DO NOT WRITE IN THIS SPACE a. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am tertiliar with, and eccept the obligations or registered agent. Image: State of Florida. I am tertiliar with, and eccept SIGNATURE Botaue, typed or purpose of other purpose of changing its registered agent, or both, in the State of Florida. I am tertiliar with, and eccept SIGNATURE Botaue, typed or purpose and of the purpose	DO NOT WRI	TE IN THIS SPA	CE	04082004 4. FEI Number NOT APF	No Chg-P PLICABLE	CR2E034 (1	0/03) Applied For Not Applicable 75 Additional	
the obligations of registered agent. SIGNATURE Signat	HOFFMAN, BARRY G ESQ. 9070 KIMBERLY BLVD., STE. 57							
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SIGNATURE:	CITY-ST-ZIP 12. I hereby certify that the information supply indicated on this report or supply entails of the corporation or the receiver or truster changed, or on an attachment with an add	ed with this filling does not qualify for the ex- eport is true and accurate and that my sign empowered to execute this report as req dress, With all other like empowered.	xemption stated in S ature shall have the uired by Chapter 60	Section 119.07(3)(i e same legal effect 07, Florida Statutes , J), Florida Statutes. as if made under s; and that my nam	I further certify the cath; that I am an are appears in Blo	hat the information officer or director k 10 or Block 11 if f(J)	

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