

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91059 031 ***150.00

DOCUMENT # P01000044689

1. Entity Name
SIGNATURE FRAMES, INC.



Principal Place of Business
**1165B EAST ATLANTIC AVE
DELRAY BEACH, FL 33483**

Mailing Address
**1165B EAST ATLANTIC AVE
DELRAY BEACH, FL 33483**

2. Principal Place of Business
1521 ALTON RD

3. Mailing Address
1521 ALTON RD

Suite, Apt. #, etc.
Suite 448

Suite, Apt. #, etc.
Suite 448

City & State
MIAMI BEACH, FL

City & State
MIAMI BEACH, FL

Zip
33139

Country
USA

Zip
33139

Country
USA



04302004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

**DRAKE, JAMES L
1165B EAST ATLANTIC AVE
DELRAY BEACH, FL 33483**

7. Name and Address of New Registered Agent

Name
JAMES L. DRAKE

Street Address (P.O. Box Number is Not Acceptable)
1521 ALTON RD.

Suite 448

City
MIAMI BEACH

FL

Zip Code
33139

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 **JAMES L. DRAKE** *[Signature]* **28 MAY 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**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DRAKE, JAMES L 1165B EAST ATLANTIC AVE DELRAY BEACH, FL 33483 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* **JAMES L. DRAKE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____