2004 FOR PROFIT CORPORATION ___ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Feb 12, 2004 08:00 AM
- Secretary of State --

24

Daytime Phone #

101

1. Entity Nam	MENT # P010000532 irte, Inc.				- Sec	retary of State	
Princ al Place of Business 5355 TOWN CENTER ROAD #801 BOCA RATON, FL 33486 Mailing Address 5355 TOWN CENTER ROAD #801 BOCA RATON, FL 33486			301	2		-	
DO NOT WRITE IN THIS SPACE 5. Name and Address of Current Registered Agent				01062004 4. FEI Numb 65-110	No Chg-P	CR2E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required	
SIEGEL, CARL E 5355 TOWN CENTER ROAD SUITE 801 BOCA RATON, FL 33486				DO NOT WRITE IN THIS SPACE			
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 Signature, typed or printed name of registered agent and file if applicable. (NOTE Registered Agent signature agent which remaining). DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finantiful Trust Fund Contribution.				\$5.00 May Be Added to Fees			
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIF D SIEGEL, CARL E 5355 TOWN CENTER ROAD #801 BOCA RATON, FL 33486	ECTORS	:		- : :. <u>2:</u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNAY, GARY S 5355 TOWN CENTER ROAD #801 BOCA RATON, FL 33486		Fresh of French and I was a finite fresh of the fresh of		100001 02/13/04	049304 80018-007 150.00	
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NAME STREET ADDRESS CITY-ST-ZIP							
NAME STREET ADDRESS CITY+SY-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP					<u> </u>		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). Florida Statutes T surther 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.							