2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2004 08:00 AM Secretary of State

1. Entity Nam	MENT # P01000631	63			Secretary of State
7301 SOUTH	ncipal Place of Business Mailing Address 101 SOUTHWEST 5TH STREET 7301 SOUTHWEST 5TH STREE ANTATION, FL 33317 PLANTATION, FL 33317		Ţ		
D	O NOT WRITE 6. Name and Address of Current Re-		CE	04272004 No Chg-P CR2E034 (10/03) 4. FEI Number	
7301 SOU	N, MICHAEL A THWEST 5TH STREET ION, FL 33317	isteriot Agent	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, typod 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 Finan Trust Fund Contribution.				5.00 May Be ded to Fees	U00000139671 04/29/04-80130-008 150,00
TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP HILE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	OFFICERS AND DIF D ROBINSON, MICHAEL A 7301 SOUTHWEST 5TH STREET PLANTATION, FL 33317	RECTORS			
TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WRITE THIS SPACE
TATLE NAME STREET ADDRESS CITY-ST-ZIP TATLE NAME STREET ADDRESS CITY-ST-ZIP					
12. Hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and fluid my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or truetee employered 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 employered.					

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR