

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

04 SEP 27 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09222004 Chg-P CR2E034 (10/03)

4. FEI Number 65-1118660 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARUSO, MICHAEL A
1108 E NEWPORT CTR DR
DEERFIELD BEACH, FL 33442

7. Name and Address of New Registered Agent

Name Caruso, Michael A
Street Address (P.O. Box Number is Not Acceptable)
2701 NW Boca Raton Blvd
Suite 211
City Boca Raton FL 33431

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] Pres. DATE 9-22-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME CARUSO, MICHAEL
STREET ADDRESS 1108 E NEWPORT CTR DR
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

TITLE D ☐ Delete
NAME GROSS, RICHARD
STREET ADDRESS 1108 E NEWPORT CTR
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

TITLE D ☐ Delete
NAME SMITH, ANDREW
STREET ADDRESS 1108 E NEWPORT CTR DR
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

TITLE D ☐ Delete
NAME MENNELLA, FRANK
STREET ADDRESS 1108 E NEWPORT CTR DR
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME Caruso, Michael
STREET ADDRESS 2701 NW Boca Raton Blvd #211
CITY-ST-ZIP Boca Raton, FL 33431

TITLE D ☒ Change ☐ Addition
NAME Gross, Richard
STREET ADDRESS 2701 NW Boca Raton Blvd Suite 211
CITY-ST-ZIP Boca Raton, FL 33431

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 500041451295
CITY-ST-ZIP 09/29/04--01054--014 **\$61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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] Pres. DATE 9-22-04 DAYTIME PHONE # 561 347 2376
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR