2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 02, 2004 8:00 am Secretary of State

1. Entity Name		100007068 INC.	31				04-02-2004 9	00023 012 ***150	0.00
Principal Place	of Business	N	Mailing Address			,			•
NOI	NE 123	det.	1401 NE 123RD ST					540253	リヴァ
MIA	MIFL 3	3161	N. MIAMI, FL 33161			1 18911591 111)
2. Principal Place of Business		3.	3. Mailing Address						
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			03302004	Chg-P	CR2E034 (10/03)	
City & State	City & State		City & State			4. FEI Number 65-1129		<u> </u>	pplied For ot Applicable
Zip	Countr	У	Zip	Country	ng for search		of Status Desired		iditional -
	6. Name and Add	ress of Current Regi	stered Agent			7. Name and	Address of New F	Registered Agent	
11/41/015 5				Na	ame			-	-
WAYNE, ROBERT 1225 S.W. 87TH AVENUE MIAMI, FL 33174				Str	Street Address (P.O. Box Number is Not Acceptable)				
1411/-11411, 1 12	33174						******		
				Cit	ty			FL Zip Coo	de
	named entity submits ons of registered age		purpose of changing its	registered off	fice or registe	red agent, or both	n, in the State of Fi		, and accept
SIGNATURE_	Signature, typed or printed na	me of registered agent and titl	e if applicable. (NOTE	: Registered Agent	nt signature requires	d when reinstating)		DATE	
FILI After Ma	E NOW!!! FEE IS ay 1, 2004 Fee v	s \$150.00 vill be \$550.00	9. Election Campaig Trust Fund Contr		\$5 □ Add	.00 May Be			 ,
10.		OFFICERS AND DIRE				100 10 1 663			
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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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

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