2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 06, 2004 08:00 AM B<del>©C</del>UMENT # P01000072408 Secretary of State 1. Entity Name EMBROIDERY TECH, INC. Principal Place of Business Mailing Address 1510 NE 57TH COURT FORT LAUDERDALE FL 33334 1510 NE 57TH COURT FORT LAUDERDALE FL 33334 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-1100792 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SOUTHWEST 22 STREET 4TH FLOOR MIAMI FL 33145 City Zip Code 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 title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PSTD ☐ Delete TITLE Сhange Addition BILE GILBO, GREGORY NAME NAME U00000037874 02/06/04-80116-017 150.00 STREET ADDRESS 1510 NE 57TH COURT STREET ADDRESS FORT LAUDERDALE FL 33305 CITY-ST-ZIP CITY - ST - ZIP THE ☐ Delete HILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TELE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Detete BILE ☐ Change Addition Addition 3133£E NAME NAME STREET AODRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TIME Detete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TOTALE THEE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SY-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:

NO TYPE OR PRINTED NAME OF SIGNING OFFICE HOR DIRECTOR

2-3-66

**FILED** 

154-655-4734 Davisme Prione #