
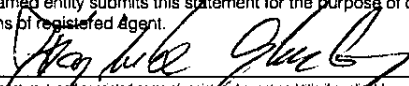
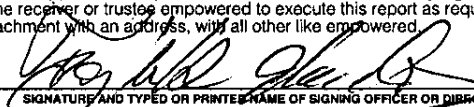


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90015 047 ***150.00

| | | | | | |
|---|---|---|--|---|--|
| DOCUMENT # P01000076786 1. Entity Name STAFO, INC. | | | |  | |
| Principal Place of Business 3427 KIMBERLY OAKS DR. HOLIDAY, FL 34691 | | | Mailing Address 3427 KIMBERLY OAKS DR. HOLIDAY, FL 34691 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 02202004 Chg-P CR2E034 (10/03) | |
| 4. FEI Number 59-3729594 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| FOJTIK, STANLEY 200 STARCREST DR #120 CLEARWATER, FL 33765 | | | Name STANISLAV FOJTIK Street Address (P.O. Box Number is Not Acceptable) 3427 Kimberly Oaks Dr. City Holiday FL Zip Code 34691 | | |
| 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  Stanislaw Fojtik DATE 2/20/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP FOJTIK, STANLEY 200 STARCREST DR #120 CLEARWATER, FL 33765 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P STANISLAV FOJTIK 3427 Kimberly Oaks Dr. Holiday, FL 34691 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV POVOLNY, ROMAN 200 STARCREST DR #120 CLEARWATER, FL 33765 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV POVOLNY ROMAN 7717 MITHELL RANCH ROUDE NEW PORT RICHEY FL 34655 <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 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:  | | Date 2/20/04 Daytime Phone # | | | |