


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P01000078682 1. Entity Name KERAMAC MANAGEMENT CORPORATION						FILED 04 JUL -7 PM 12: 02 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 811 SOUTH UNIVERSITY DRIVE PLANTATION FL 33324				Mailing Address 811 SOUTH UNIVERSITY DRIVE PLANTATION FL 33324			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 65-1130514				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 FOX, LEO A 133 BOCA RATON ROAD BOCA RATON FL 33432				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				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	PD <input type="checkbox"/> Delete LEVITHAN, ESTELLE 69-19 173RD STREET FLUSHING NY 11365			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 life empowered.							
SIGNATURE: <i>Estelle Levithan</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							

KERAMAC MANAGEMENT CORP.
DBA 811 BOURBON STREET
811 S. UNIVERSITY DRIVE
PLANTATION, FL. 33324
(954)428-8110

July 2, 2004

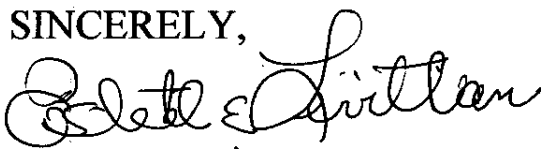
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL. 32314

RE:PO1000078682

ENCLOSED PLEASE FIND CHECK #5864 7/2/04 IN THE
AMOUNT OF \$150.00 PAYABLE TO THE FLORIDA
DEPARTMENT OF STATE FOR OUR ANNUAL REPORT.

THE ORIGINAL CHECK #5213 DATED 1/20/04 IN THE
AMOUNT OF \$150.00 WAS MAILED IN JANUARY AND WE
WERE NOT AWARE OF THE LACK OF RECEIPT ON YOUR
PART. AFTER RECEIVING THE INTENT TO DISSOLVE A
CALL WAS MADE TO YOUR DIVISION AND MS. CATHY
KCAVE INSTRUCTED US TO MAIL IN THE PHOTO COPY
OF THE REPORT ALONG WITH THE CHECK.

SINCERELY,


ESTELLE LEVITHAN