2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 05, 2004 08:00 AM -Secretary of State DOCUMENT # P01000082847 1. Entity Name DEFA INC. Principal Place of Business Mailing Address 4817 NE 23RD AVENUE 4817 NE 23RD AVENUE FORT LAUDERDALE, FL 33308 FORT LAUDERDALE, FL 33308 02162004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1131850 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE DENZLER, HENRY 4817 NE 23RD AVENUE FORT LAUDERDALE, FL 33308 3. 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 Bection Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS iononologi 35 :me DENZLER, HENRY NAME STREE" ADDRESS 1323 SE 17TH STREET, PMB 370 CBY-57-28 FORT LAUDERDALE, FL 33316 THE NAME STREE ADDRESS SETY-ST-ZIP HAME STREE" ADDRESS CITY-ST-ZIP HILE DAME STREE" ADDRESS COY+ST-ZIP "ITLE NAME STREE" ADDRESS CITY-SIT-28P TIME HAME STREET ADDRESS CXY-£3-21P 12. I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(f), 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 cath; 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.

NATURE OF TYPED OR PRINTED HOUSE OF SIGNING OFFICER OF DIRECTOR

SIGNATURE: X

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