2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

DOCU 1. Entity Nam 812-703,	# P0100008362	-		Feb 09, 2004 08:00 AM Secretary of State							
Principal Place of Business Mailing Address											
2500 HOLLYWOOD BLVD SUITE 212 2500 HOLLYWOOD BLVD S HOLLYWOOD FL 33020 HOLLYWOOD FL 33020						ITE 212			1 40:00 46:40 00:4	9 11119 9 1119 11881	***********************
2. Principal F	Pace of Busin	3. Mailing Address				1					
Suite, Apt		Suite, Apt. #, etc.					MOORE	CR2E034	(11/03)	• =	
City & Stat	e	City & State			4.	FEI Number 65-113528	5	} 	Applied For Not Applicable		
Zip Gountry			Zip Count			ntry	<u> </u>	Certificate of Status Desired		\$8.75 Ac Fee Requir	
	6. Name	and Address of Current	Registere	d Agent	11	7.	Name and Address of New	Registered	Agent		
Ert A	IOCEDII D	Name									
KLAPHOLZ, JOSEPH P C/O MANELLA & KLAPHOLZ 2500 HOLLYWOOD BLVD SUITE 212						Street Address (P.O. Box Number is Not Acceptable)					
HOLLYWOOD FL 33020				, - , -		City			E i	Zip Co	de .
						1			FL	- '	
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. Lam familiar with, and accept the obligations of registered agent.											
The second of th											
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required whon reliestating) Out:											
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 Fi Trust Fund Contributi			00 May Be ed to Fees
10.		OFFICERS AND	DIRECTO	RS	11.		ΑE	DDITIONS/CHANGES TO OF	CERS AN	DIRECTOR	RS IN 11
TITLE	P Delete					£				Change	
NAME	SHERMAN, RICK				Œ		1100000011000				
STREET ADDRESS					EET ADDRESS		000000041392 02/09/04-80087-020 150.00				
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MIT	V			Delete	TEL					☐ Change	Addition
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NAME	The state of the s										
						ET ADDRESS					
		- 1-6	W.:- P.			-ST-ZIP		4.44 option (7) AT			
indicated	certify that the on this repo	e information supplied with it or supplemental regards	true and	coes not qualify for accurate and that r	r the exe ny signa	mption stated in S ture shall have the	ection same	119.07(3)(i), Florida Statutes, legal effect as if made under	s further ce cath, that i	rity that the am an office	information or or director
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 employered 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.											
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