## 2004 FOR DROFIT CORPORATION

## **FILED**

ANNUAL	Apr 26, 2004 08:00 Secretary of State				
MENT # P010000928	58			Secre	ciary of State
® & ASSOCIATES MANAGEME	ENT, INC.				
e of Business AVENUE BEACH, FL 33401	Mailing Address 1815 LAKE AVENUE WEST PALM BEACH, FL 33401				
1) about the second sec	ang g c y ag	CE	03222004 4. FEI Number 65-113968	No Chg-P Cl	R2E034 (10/03)  Applied For Not Applicable
6. Name and Address of Current Re MOHAMMAD B E AVENUE LM BEACH, FL 33404	gistered Agent				
Signature, typed or printed name of registered agont and  E NOW!!! FEE IS \$150.00	Me il applicable. (NOTE Register  9. Election Campaign Fina	ed Agent signature required uncling \$5.	when reinstating)	· •	s am tamiliat with, and accept
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D SATTAR, MOHAMMAD B 1815 LAKE AVENUE WEST PALM BEACH, FL 33404			9	U00000131 14/26/04-801	084 43-012 150.00
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			IN TH	HIS SPA	CE
	MENT # P01000928  & ASSOCIATES MANAGEME  & ASSOCIATES MANAGEME  e of Business  IVENUE BEACH, FL 33401  ONOT WRITE  6. Name and Address of Current Re  MOHAMMAD B E AVENUE IM BEACH, FL 33404  named entity submits this statement for the fons of registered agent.  Signeture, typed of printed name of registered agent and  E NOW!!! FEE IS \$150.00  By 1, 2004 Fee will be \$550.00  OFFICERS AND, DIE  D SATTAR, MOHAMMAD B 1815 LAKE AVENUE	& ASSOCIATES MANAGEMENT, INC.  e of Business  AVENUE  1815 LAKE AVENUE  BEACH, FL 33401  WEST PALM BEACH, FL 3340  6. Name and Address of Current Registered Agent  MOHAMMAD B E AVENUE  IN BEACH, FL 33404  A separation of registered agent and like if applicable.  Signature, typed or printed name of registered agent and like if applicable.  Signature, typed or printed name of registered agent and like if applicable.  ONOTE Register trust Fund Contribution  OFFICERS AND, DIRECTORS  D SATTAR, MOHAMMAD B 1815 LAKE AVENUE	MENT # P01000092858  & ASSOCIATES MANAGEMENT, INC.  e of Business  Mailing Address  NENUE  1815 LAKE AVENUE  BEACH, FL 33401  WEST PALM BEACH, FL 33401  PO NOT WRITE IN THIS SPACE  6. Name and Address of Current Registered Agent  MOHAMMAD B E AVENUE  IN BEACH, FL 33404  Signature, typed or printed name of registered agent and life if applicable.  Signature, typed or printed name of registered agent and life if applicable.  Signature, typed or printed name of registered agent and life if applicable.  PSIGNATURE IN THIS SPACE  NOTE Registered Agent signature required in the purpose of changing its registered office or registerions of registered agent.  Signature, typed or printed name of registered agent and life if applicable.  Signature, typed or printed name of registered agent and life if applicable.  Signature, typed or printed name of registered agent and life if applicable.  (NOTE Registered Agent signature required in the purpose of changing its registered office or registered agent.  Signature, typed or printed name of registered agent and life if applicable.  Signature, typed or printed name of registered agent and life if applicable.  Signature, typed or printed name of registered agent and life if applicable.  ONOTE Requistered Agent signature requires  Trust Fund Contribution.  Add  OFFICERS AND, DIRECTORS  D  SATTAR, MOHAMMAD B  1815 LAKE AVENUE	MENT # P01000092858  & ASSOCIATES MANAGEMENT, INC.  e of Business New New York of the Control of the Purpose of changing its registered office or registered agent, or both, in one of registered agent.  DO NOT WRITE IN THIS SPACE  6. Name and Address of Current Registered Agent  MOHAMMAD B  E AVENUE  In THE STACE  DO N  IN THE Number of Police of the Purpose of changing its registered office or registered agent, or both, in one of registered agent.  POTE Requised Agent squally received were referently agent or provided where of registered agent, or both, in one of registered agent.  POTE Requised Agent squally received were referently agent or provided where of registered agent, or both, in one of registered agent.  POTE Requised Agent squally received where referently agent agent agent agent.  POTE Requised Agent squally received where referently agent agent agent.  POTE Requised Agent squally received where referently agent agent agent.  POTE Requised Agent squally received where referently agent agent agent.  POTE Requised Agent squally received where referently agent agent agent.  POTE Requised Agent squally received where referently agent agent agent.  POTE Requised Agent squally received where referently agent agent agent.  POTE Requised Agent squally received Agent agent agent agent agent.  POTE Requised Agent agent agent agent agent agent agent agent agent.  POTE Requised Agent agent agent agent agent agent agent agent agent agent.  POTE Requised Agent agent agent agent agent agent agent agent agent agent.  POTE Requised Agent agent.  POTE Requised Agent ag	MENT # P0100092858  8 ASSOCIATES MANAGEMENT, INC.  e of Business Mailing Address 1815 LAKE AVENUE 1815 LAKE AVENUE WEST PALM BEACH, FL 33401  03222004 No Chg-P C  4. FEI Number 65-1139687  5. Certificate of Status Desired  DO NOT WRITE  A PONOT WRITE  B AVENUE A WEST PALM BEACH, FL 33404  DO NOT WRITE  B AVENUE A M BEACH, FL 33404  Inamed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  Signature, typed or printed mans of registered agent and life if applicable.  Signature, typed or printed mans of registered agent and life if applicable.  OFFICERS AND DIRECTORS  D SATTAR, MOHAMMAD B 1815 LAKE AVENUE LUCCOUNTS  D SATTAR, MOHAMMAD B 1815 LAKE AVENUE LUCCOUNTS  LUCCOUNTS  LUCCOUNTS  LUCCOUNTS  D SATTAR, MOHAMMAD B 1815 LAKE AVENUE LUCCOUNTS  LUCCOUNTS

12. Thereby 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:

SIGNATURE:

Date

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STREET ADDRESS