
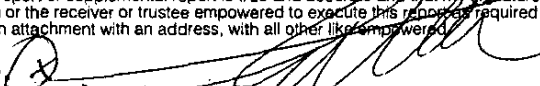


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90425 018 ***150.00

DOCUMENT # P01000100094 1. Entity Name MARK HANTIN, P.A.																																																					
Principal Place of Business 1800 N.W. 114TH AVENUE EMBROKE PINES, FL 33026			Mailing Address 1800 N.W. 114TH AVENUE EMBROKE PINES, FL 33026																																																		
2. Principal Place of Business 9300 S.W. 8 ST Suite, Apt. #, etc. 408		3. Mailing Address 9300 S.W. 8 ST Suite, Apt. #, etc. 408																																																			
City & State BOCA RATON, FL		City & State BOCA RATON, FL																																																			
Zip 33428 Country PA.M.BCH.		Zip 33428 Country PA.M.BCH.																																																			
4. FEI Number 65-1144911			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 HANTIN, MARK 1800 N.W. 114TH AVENUE EMBROKE PINES, FL 33026			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9300 S.W. 8 ST #408 BOCA RATON, FL 33428 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  DATE 4/30/04 <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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> PSTD HANTIN, MARK 1800 N.W. 114TH AVENUE EMBROKE PINES, FL 33026 </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD HANTIN, MARK 1800 N.W. 114TH AVENUE EMBROKE PINES, FL 33026	<input type="checkbox"/> Delete																						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> 9300 S.W. 8 ST #408 BOCA RATON, FL 33428 </td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	9300 S.W. 8 ST #408 BOCA RATON, FL 33428	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																					
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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  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/30/04 Daytime Phone # 954-802-2448																																																		