



2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-03-2004 90775 023 ***150.00

DOCUMENT # P01000108608 1. Entity Name DEVIATE, INC.					
Principal Place of Business 1579 S UNIVERSITY DRIVE PLANTATION, FL 33324			Mailing Address 10440 GOLDEN EAGLE COURT PLANTATION, FL 33328		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1579 S UNIVERSITY DR Suite, Apt. #, etc.			
City & State Plantation, FL		4. FEI Number 03-0454281		Applied For <input type="checkbox"/> Not Applicable	
Zip 33324		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JAQUET, JOHN 2495 SW 82ND AVE., STE. 104 DAVIE, FL 33324			7. Name and Address of New Registered Agent Name Gerald Greene Street Address (P.O. Box Number is Not Acceptable) 1579 S Univ Dr City Plantation FL Zip Code 33324		
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 <u><i>Gerald Greene</i></u> DATE <u>4-30-04</u> <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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GREEN, BRADLEY 2495 SW 82ND AVE., STE. 104 DAVIE, FL 33324	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P 1579 Univ. Dr. Plantation, FL 33324 <i>Reham Greene</i>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JAQUET, MICHELE 2495 SW 82ND AVE., STE. 104 DAVIE, FL 33324	<input checked="" 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 like empowered.					
SIGNATURE: <u><i>Gerald Greene</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4-30-04</u> Daytime Phone # <u>2405933584</u>		