2004 FOR PROFIT CORPORATION ANNUAL REPORT

1. Entity Name	MENT # P0100011667 op processing, inc.	79		
Principal Place 845 W PLAN PLANTATION	TATION CIRCLE	Mailing Address 845 W PLANTATION CIRCLE PLANTATION, FL 33324		, conflicte in a light han done but has on hours show sink such constraint over
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent				01052004 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required
		series agent		DO NOT WRITE IN THIS SPACE
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 Signature have do prived name or registered agent and total applicable (NOTE Registered Agent signature required when removaling) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees				
10.	OFFICERS AND DIRE	CTORS	<u>.</u>	
NAME STREET ADDRESS CHY ST ZIP	P RUSSO, BRABARA 845 W. PLANTATION CIRLCE PLANTATION, FL 33324			
TITLE NAME STREET ADDRESS CITY ST ZIP				U00000070177 03/01/04-80035-007 150.00
NAME STREET ADDRESS CITY-ST ZIP				DO NOT WRITE
NAME STREET AUDRESS CITY ST ZIP				IN THIS SPACE
NAME STREET ADDRESS CITY ST ZIP				
DILE NAME STREET ADDRESS CHY ST ZIP				
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 is true and recourage 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 receiving or trustee empowered by 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: BARBARA Russo 2/25/04 954~577-8499				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DIVE				