## 2004 FOR PROFIT CORPORATION

## Jul 14, 2004 8:00 am Secretary of State ANNUAL REPORT 07-14-2004 90006 031 \*\*\*150.00 **DOCUMENT # P02000000086** 1. Entity Name ALTREX INVESTMENT CORPORATION Principal Place of Business Mailing Address 800 W. CYPRESS CREEK RD, STE 280 350 800 W. CYPRESS CREEK RD, STE 280 350 FORT LAUDERDALE, FL 33309 FORT LAUDERDALE, FL 33309 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06302004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 60-0001233 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SUNMARK REALTY ADVISORS, INC. 800 WesTCYPRESSCREEK RD SUITE 350 Street Address (P.O. Box Number is Not Acceptable) 33 S.E. 7TH STREET SUITE D-FORT LAUDERDACE, FL 33309 BOCA PATON City Zin Code 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. I am familiar with, and accept the obligations of registered agent EDWARD J-POLLOCK, PRES. 07/12/04 SIGNATURE. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees Due by September 8, 2004 corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition POLLOCK, EDWARD J NAME NAME 800 W. CYPRESS CREEK RD, STE 280 35 6 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33309 CITY-ST-ZIP VS TITLE ☐ Delete TITLE Change Addition KRINSKY, JAY NAME NAME 800 W. CYPRESS CREEK RD, STE 280 350 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE, FL 33309 CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 accordate 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 port 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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