2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

| 10.17.5 W SURRISE BLVD PLANTATION, FL 33322 2. Principal Place of Business Suite, Apt. 4, etc. Suite, Apt. 4, e | AMENDED A | NNUAL REPO | RT | | | 4375 | TARGE | t | 4 | |
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| Melling Address Molity & SUNISS BLVD PLANTATION, FL 33322 P. Principsol Place of Business Suite, April 4 etc. | | 008537 | | | | n . | OFCORP | r Postali | | |
| Melling Address Molity & SUNISS BLVD PLANTATION, FL 33322 P. Principsol Place of Business Suite, April 4 etc. | | NC. | N S S S S S S S S S S S S S S S S S S S | | | U4 AUG. | -3 PM | ""ATIĞ 12: 12 | * . | |
| PLANTATION, FL 33322 | Principal Place of Business | Mailing Address | | | | | | . < | | |
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| Solite, Act. 4, etc. Solite, Act. 4, etc. | • | • | | | | | | | | |
| City & State Ci | 2. Principal Place of Business | 3. Mailing Address | | \mathcal{G} | 7 | | | | | |
| Superior | Suite, Apt. #, etc. | Suite, Apt. #, etc. Suite, Apt. #, etc. | | The state of the s | 7232004 | Chg-P | CR2E | 034 (10/03) | | |
| S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Na | City & State | City & State | | 4. | | 231 | | | | |
| Name and Address of Current Registered Agent | Zip Country | Zip | Country | 5. | | | | \$8.75 Add | ditional | |
| Street Address (P.O. Box Number Is Not Acceptable) Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code 8. The above named writy submits this statement for the purpose of changing its registered agent, or both, in the State of Flortida. I am familiar with, and accept ne obligatoris of registered agent, or both, in the State of Flortida. I am familiar with, and accept ne obligatoris of registered agent, or both, in the State of Flortida. I am familiar with, and accept ne obligatoris of registered agent, or both, in the State of Flortida. I am familiar with, and accept ne obligatoris of registered agent, or both, in the State of Flortida. I am familiar with, and accept ne obligatoris of registered agent, or both, in the State of Flortida. I am familiar with, and accept ne obligatoris of registered agent, or both, in the State of Flortida. I am familiar with, and accept ne obligatoris of registered agent, or both, in the State of Flortida. I am familiar with, and accept ne obligatoris of registered agent, or both, in the State of Flortida. I am familiar with, and accept ne obligatoris of registered agent, or both, in the State of Flortida. I am familiar with, and accept ne obligatoris of registered agent, or both, in the State of Flortida. I am familiar with, and accept needs of registered agent, or both, in the State of Flortida. I am familiar with, and accept needs of registered agent, or both, in the State of Flortida. I am familiar with, and accept needs of registered agent, or both, in the State of Flortida. I am familiar with, and accept needs agent, or both, in the State of Flortida. I am familiar with, and accept agent acceptable agent, or both, in the State of Flortida. I am familiar with, and accept agent acceptable agent, or both, in the State of Flortida. I am familiar with, and accept agent acceptable agent, or both, in the State of Flortida. I am familiar with, and accept agent acceptable agent acceptable agent acceptable agent acceptable agent acceptable agent acceptable agent acc | 6. Name and Address of Cu | urrent Registered Agent | | 7. | Name and A | ddress of New I | Registered | | | |
| City FL Zip Code 8. The above named only submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the state of registered agent and both of the state of registered agent and both of the state of registered agent and both of the accept and accept agent and accept agent and accept agent a | MORALI, SHAI | | | | | | | | | |
| 8. The above named onthy submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. Part | PLANTATION, FL 33322 | | | | | et di man | | | | |
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| Amended AR is \$61.25 9. Election Campaign Financing Trust Fund Contribution. | | | | - | | | | | | |
| Amended AR is \$61.25 9. Election Campaign Financing Trust Fund Contribution. | Signature, typed or printed name of registers | ed agent and tide if applicable. (Ni | OTE: Registered Agent sig | ature required when | reinstating) | | DATE | | | |
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| INITE INAME STREET ADDRESS CITY-ST-2P CITY-S | | | | | | | | | | |
| CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the examption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental raport 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 exacute 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, which all other like empowered. | TITLE | ☐ Delete | TITLE | P | <u>, , , , , , , , , , , , , , , , , , , </u> | | | ♣ Change | ☐ Addition | |
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