
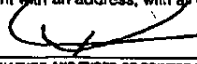


FILED
May 13, 2004 8:00 am
Secretary of State

04-23-2004 90268 036 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000022846			
1. Entity Name SOUND WALL CORPORATION OF AMERICA, INC.			
Principal Place of Business 3100 NORTH 29TH COURT HOLLYWOOD, FL 33020		Mailing Address 3100 NORTH 29TH COURT HOLLYWOOD, FL 33020	
2. Principal Place of Business 3800 NORTH 29th. AVE		3. Mailing Address 3800 NORTH 29th. AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State HOLLYWOOD, FLORIDA		City & State HOLLYWOOD, FLORIDA	
Zip 33020		Zip 33020	
Country USA		Country USA	
4. FEI Number APPLIED FOR		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SMITH, TIMOTHY 3100 NORTH 29TH COURT HOLLYWOOD, FL 33020		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
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 SMITH, TIMOTHY 3100 NORTH 29TH COURT HOLLYWOOD, FL 33020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3800 N. 29th Ave.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, JUDY 3100 NORTH 29TH COURT HOLLYWOOD, FL 33020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3800 N. 29th Ave.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TRANSLEAU, BARRY 3100 NORTH 29TH COURT HOLLYWOOD, FL 33020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3800 N. 29th Ave.
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
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/1/04 954-923-4717 Date Daytime Phone #	

Attachment

60421501
#P02000022846

Form SS-4		Application for Employer Identification Number		EIN						
(Rev. December 2001) Department of the Treasury Internal Revenue Service		(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)		OMB No. 1545-0003						
		▶ See separate instructions for each line. ▶ Keep a copy for your records.								
Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested SOUND WALL CORPORATION OF AMERICA INC									
	2 Trade name of business (if different from name on line 1)		3 Executor, trustee, "care of" name BARRY TRANSLEALL							
	4a Mailing address (room, apt., suite no. and street, or P.O. box) 3800 NORTH 29th AVE		5a Street address (if different) (Do not enter a P.O. box.)							
	4b City, state, and ZIP code HOLLYWOOD, FL 33020		5b City, state, and ZIP code							
	6 County and state where principal business is located BROWARD COUNTY, FLORIDA									
	7a Name of principal officer, general partner, grantor, owner, or trustee TIMOTHY M. SMITH		7b SSN, ITIN, or EIN 262-96-5801							
	8a Type of entity (check only one box)									
	<input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership _____ <input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ 11205 <input type="checkbox"/> Personal service corp. _____ <input type="checkbox"/> Church or church-controlled organization _____ <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____									
	<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (SSN) _____ <input type="checkbox"/> Trust (SSN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) ▶ _____									
	8b If a corporation, name the state or foreign country (if applicable) where incorporated		State FLORIDA		Foreign country					
9 Reason for applying (check only one box)										
<input checked="" type="checkbox"/> Started new business (specify type) ▶ S CORPORATION <input type="checkbox"/> Hired employees (Check the box and see line 12.) _____ <input type="checkbox"/> Compliance with IRS withholding regulations _____ <input type="checkbox"/> Other (specify) ▶ _____										
<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business _____ <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____										
10 Date business started or acquired (month, day, year) TBD (TO BE DETERMINED)		11 Closing month of accounting year DECEMBER								
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶										
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-". ▶										
<table border="1"> <tr> <td>Agricultural</td> <td>Household</td> <td>Other</td> </tr> <tr> <td>0</td> <td>0</td> <td>0</td> </tr> </table>					Agricultural	Household	Other	0	0	0
Agricultural	Household	Other								
0	0	0								
14 Check one box that best describes the principal activity of your business.										
<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input type="checkbox"/> Other (specify) _____										
15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. SOUND WALLS										
16a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 16b and 16c.										
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ _____ Trade name ▶ _____										
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) _____ City and state where filed _____ Previous EIN _____										

Third Party Designee

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name

Designee's telephone number (include area code)

Address and ZIP code

Designee's fax number (include area code)

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶ **BARRY TRANSLEALL, TREASURER**

Applicant's telephone number (include area code)

(954) 923-4747

Signature ▶

Date ▶ **5/10/04**

Applicant's fax number (include area code)

(954) 922-3755

 *** FAX TX REPORT ***

06-421501
 #P02000023840

TRANSMISSION OK

JOB NO. 2705
 DESTINATION ADDRESS 16314478960
 PSWD/SUBADDRESS
 DESTINATION ID
 ST. TIME 05/11 11:27
 USAGE T 00' 56
 PGS. 1
 RESULT OK

Form SS-4

(Rev. December 2001)
 Department of the Treasury
 Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested SOUND WALL CORPORATION OF AMERICA INC		
	2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name BARRY TRANSLER	
	4a Mailing address (room, apt., suite no. and street, or P.O. box) 3800 NORTH 29th AVE	5a Street address (if different) (Do not enter a P.O. box.)	
	4b City, state, and ZIP code HOLLYWOOD, FL 33020	5b City, state, and ZIP code	
	6 County and state where principal business is located BROWARD COUNTY, FLORIDA		
	7a Name of principal officer, general partner, grantor, owner, or trustor TIMOTHY M. SMITH	7b SSN, ITIN, or EIN 262-96-5801	
8a Type of entity (check only one box)		<input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> REMIC <input type="checkbox"/> Group Exemption Number (GEN) ▶	
<input type="checkbox"/> Sole proprietor (SSN) <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ 1120S <input type="checkbox"/> Personal service corp. <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input type="checkbox"/> Other (specify) ▶		<input type="checkbox"/> State/local government <input type="checkbox"/> Federal government/military <input type="checkbox"/> Indian tribal governments/enterprises	
8b If a corporation, name the state or foreign country (if applicable) where incorporated FLORIDA		Foreign country	
9 Reason for applying (check only one box)		<input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶	
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12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year).			
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0-".		Agricultural	Household
14 Check one box that best describes the principal activity of your business.		0	0
<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Other (specify)		0	0
15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. SOUND WALLS			
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16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ Trade name ▶			
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) City and state where filed Previous EIN			