## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 08:00 AM
Secretary of State

1. Entity Name	MENT # P020000238 TERIORS, INC.	53			~ 001 0001 J	0.2.000
	e of Business ( KNOŁL CIRCLE DALE, FL 33324	Mailing Address 1611 W. OAK KNOLL CIRCLE FT. LAUDERDALE, FL 33324		 	ININA YANI BEYIY BANIK BEYIN ENYINE KISEB NISER INI	
DO NOT WRITE IN THIS SPACE  6. Name and Address of Current Registered Agent				01262004 No Chg-P CR2E034 (10/03)  4. FEI Number		
		DO NOT WRITE IN THIS SPACE				
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, typed or printed name of registered agent and tide if applicable  (NOTE Registered Agent signature regulated when reinstating)  DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  Trust Fund Contribution.				.00 May Be ded to Fees		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIE D HUGHES, ENA C 1611 W. OAK KNOLL CIRCLE FT. LAUDERDALE, FL 33324	ECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000048847 02/12/04-80096-0	25 150.00
NAME STREET ADDRESS CITY-ST-ZIP					NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	HIS SPACE	
NAME STREET ADDRESS CITY - ST - ZIP						
TITLE NAME 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 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.						