2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2004 8:00 am Secretary of State

LAKE WORTH FL LAKE WORTH FC 04-3622782 Not 2/2p Not 33463 USA S. Certificate of Status Desired \$8.75 Additing Fee Required S. Certificate of Status Desired S. Certificate of St	04-29-2004 90278 013 ***150.00			
2. Principal Place of Business 6 2 SLUE GRASS CIRCLE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State LAKE WORTH FL CITY State LAKE WORTH FL CITY FC 04-3622782 Country 33 4 3				
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. O4272004 ChgP CR2E034 (10/03) City & State LAKE WORTH FL LAKE WORTH FL 04-3622782 Zip 33463 Country 33463 Country 6. Name and Address of Current Registered Agent CLAIREROSE, JUSTIN 415 NW 78TH ST. MIAMI, FL 33150 City LAKE WORTH FL Zip Code Signature, bysed or printed name of registered agent and bris if applicable. (NOTE: Registered Agent bignature required when reinexampl) Part of the purpose of changing its registered Agent bignature required when reinexamply DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 P. Election Campaign Financing Trust Fund Contribution. Delete MME STREET ADDRESS 415 NW 78 ST. CITY-SI-Zip MIAMI, FL 33150 MIAMI, FL 33150 TITLE VI Delete MME CLAIREROSE, JUSTIN STREET ADDRESS CITY-SI-Zip MIAMI, FL 33150 TITLE VI Delete MME CLAIREROSE, JUSTIN STREET ADDRESS CITY-SI-Zip MIAMI, FL 33150 TITLE VI Delete MME CLAIREROSE, JUSTIN STREET ADDRESS STREET ADDRE				
AKE WORTH FL LAKE WORTH FL 04-3622782 Not.				
6. Name and Address of Current Registered Agent CLAIREROSE, JUSTIN 415 NW 78TH ST. MIAMI, FL 33150 City LAKE WITH CLAIREROSE CIECE 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, at the obligations of registered agent. SIGNATURE CLAIREROSE JUSTIN City LAKE WITH FL Zip Code City Lake With Lamber is not acceptable) City LAKE WITH FL Zip Code City Lake With Lamber is not acceptable) City Lake With Lamber is not acceptable) City Lake With Lamber is not acceptable in the acceptable	ied For Applicable onal			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent. SIGNATURE CLANABROSE JUSTIN Signature, hyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent highalture refluired when relinatating) P. Election Campaign Financing Trust Fund Contribution. P. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE P. Delete TITLE NAME VILAIN, NEIL STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33T50 TITLE VT Delete TITLE NAME CLAIREROSE, JUSTIN STREET ADDRESS				
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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 infinitional control 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 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 Echanged, or on an attachment with an address, with all other like empowered. SIGNATURE: Charter Rose Justice OH/27/04 305/632 30				