2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED May 03, 2004 08:00 AN Secretary of State

1. Entity Nam	MENT # P0200002974 MIANO, PA	·0			Sec	cretary of State
Principal Plac 110 N OCEAI POMPANO B	N BLVD EACH, FL 33062	failing Address 7777 GLADES RD 209 BOCA RATON, FL 33434	-			
D	O NOT WRITE II	CE	02042004 4. FEI Numbe 20-053	No Chg-P	CR2E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required	
7777 GLAI 209 BOCA RA`	Y, ROBERT F PA DES RD TON, FL 33434	DO NOT WRITE IN THIS SPACE				
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent algorithm registered When reinstating) DATE						
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.	ncing \$5	.00 May Be ed to Fees		
TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE PD MIANO, DONNA F 110 N OCEAN BLVD POMPANO BEACH, FL 33062	CTORS			U00000 05/04/04-	0152008 -80070-001 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		n en				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT W	
NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SF	ACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u> </u>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_					
12. I hereby indicated	certify that the information supplied with this in our this report or supplemental report is true moration or the repeiver or trusted empowers	filing does not qualify for the exe and accurate and that my signs ad to execute this report as requi	emption stated in Seture shall have the	ection 119.07(3) same legal effect	(i), Florida Statutes. It as if made under cas; and that my name	I further certify that the information path; that I am an officer or director appears in Block 10 or Block 11 if