

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90189 015 ***150.00

DOCUMENT # P02000036718 1. Entity Name ANN RALPH, INC.			
Principal Place of Business 460 South ROSEMARY AVE STE 180 WEST PALM BEACH, FL 33401		Mailing Address 460 South ROSEMARY AVE STE 180 WEST PALM BEACH, FL 33401	
2. Principal Place of Business 255 Evernia St Suite, Apt. #, etc. # 520		3. Mailing Address 255 Evernia St Suite, Apt. #, etc. # 520	
City & State West Palm Beach FL Zip 33401		City & State West Palm Beach FL Zip 33401	
Country 		Country 	
4. FEI Number -75-3038508 75-3038608		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAKOW, DEBRA S 14237 GREENTREE TRAIL WELLINGTON, FL 33414		7. Name and Address of New Registered Agent Name David R Steinhardt Street Address (P.O. Box Number is Not Acceptable) 255 Evernia St # 520 City West Palm Beach FL Zip Code 33401	
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 <u><i>David R Steinhardt</i></u> President 04-26-04 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>			
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 D <input type="checkbox"/> Delete NAME LAKOW, DEBRA S STREET ADDRESS 14237 GREENTREE TRAIL CITY-ST-ZIP WELLINGTON, FL 33414	TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Debra S. Lakow STREET ADDRESS 2485 Mizner Lake Ct CITY-ST-ZIP Wellington, FL 33414	TITLE D <input type="checkbox"/> Delete NAME STEINHARDT, DAVID R STREET ADDRESS 630 S SAPODILLA PH23 CITY-ST-ZIP WEST PALM BEACH, FL 33401	TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME David R. Steinhardt STREET ADDRESS 255 Evernia St # 520 CITY-ST-ZIP West Palm Beach, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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 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: <u><i>David R Steinhardt</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		04-26-04 561-346-9054 <small>Date Daytime Phone #</small>	

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