

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-29-2004 90262 026 ***150.00

DOCUMENT # P02000043679

1. Entity Name
DISKTRACEY, INC.



Principal Place of Business
**8840 N.W. 8TH STREET
PEMBROKE PINES, FL 33024**

Mailing Address
**8840 N.W. 8TH STREET
PEMBROKE PINES, FL 33024**



04262004 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
01-0671646

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PARKMAN, SUZIN
8840 N.W. 8TH STREET
PEMBROKE PINES, FL 33024**

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

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **PARKMAN, SUZIN**
STREET ADDRESS **5609 S. UNIVERSITY DRIVE**
CITY-ST-ZIP **DAVIE, FL 33328**

TITLE **P** ☒ Change ☐ Addition
NAME **PARKMAN, SUZIN**
STREET ADDRESS **8840 NW 8TH ST.**
CITY-ST-ZIP **PEMBROKE PINES, FL 33024**

TITLE **D** ☐ Delete
NAME **PARKMAN, PETER**
STREET ADDRESS **5609 S. UNIVERSITY DRIVE**
CITY-ST-ZIP **DAVIE, FL 33328**

TITLE **P** ☒ Change ☐ Addition
NAME **PARKMAN, PETER**
STREET ADDRESS **8840 NW 8TH ST.**
CITY-ST-ZIP **PEMBROKE PINES, FL 33024**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
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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.

SIGNATURE: *Peter Parkman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/26/04
Date

954-654-1094
Daytime Phone #