## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: ×

FILED
Mar 30, 2004 08:00 AN
Secretary of State

Daytime Phone #

ANNUAL KEPURI				Secretary of State			
1. Entity Name	MENT # P02000043	954					<b>V</b>
Principal Place 11710 SW 14 MIAMI, FL 33	44 COURT	Mailing Address 11710 SW 144 COURT MIAMI, FL 33186					
D	O NOT WRITE		01262004 4. FEI Numbe 03-043	No Chg-P	CR2E034 (	W) 2009 Blacast to raw!	
6. Name and Address of Current Registered Agent GLEISER, POLA 11710 SW 144 COURT MIAMI, FL 33186			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 signature required when reinstating)  DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financi Trust Fund Contribution.				.00 May Be led to Fees		00099142 4-80001-1	00.00 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GLEISER, POLA 11710 SW 144 COURT MIAMI, FL 33186			<b>.</b>		PACE	
12. I hereby of indicated of the corchanged.	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor , or on an attachment with an address, w	this filing does not qualify for the exe true and accurate and that my signs wered to execute this report as requ ith all other like empowered.	emption stated in Se ture shall have the ired by Chapter 60	ection 119.07(3) same legal effec 7, Florida Statute	i), Florida Statutes. It as if made under as, and that my nam	I further certify to oath; that I am a se appears in Blo	hat the information n officer or director ock 10 or Block 11 if

THEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR