2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Feb 09, 2004 8:00 am DOCUMENT # P02000044958 **Secretary of State** 1. Entity Name 02-09-2004 90055 045 \*\*\*150.00 C. E. I., CORP. Principal Place of Business Mailing Address 1110 N.W. 44 STREET 1110 N.W. 44 STREET FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 33309 2. Principal Place of Business 3. Mailing Address BRUWARD 1110 N.W. 4451 Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) Applied For 4. FEI Number City & State City & State 04-3669502 FT. LAUD FLA. F-1. LAUD FLA. Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33309 BRUWALD BRUWALD Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HALLELAND, ERNEST HALLELAND, ERNEST HALLELAND, ERNEST Street Address (P.O. Box Number is Not Acceptable) 1510 NW 41 STREET 1110 N.W. 44 ST FT LAUDERDALE FL 33309 Zip Code 33330/1 FL LAUD. 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 ERNEST HALLELAND Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. TITLE Addition TITLE ☐ Delete HALLELAND, ECNEST NAME HALLELAND, ERNEST NAME STREET ADDRESS 1510 NW 41 STREET STREET ADDRESS 1110 NW 44 ST. FT LAUDERDALE FL 33309 CITY-ST-ZIP CITY-ST-ZIP Ft. LAUD. FLA. 33309 ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

FILED