


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2004 8:00 am**  
**Secretary of State**

03-05-2004 90018 022 \*\*\*150.00

<b>DOCUMENT # P02000054959</b>	
1. Entity Name <b>REULER ENTERPRISES, INC.</b>	

Principal Place of Business <b>7885 SW 147 STREET MIAMI, FL 33158</b>	Mailing Address <b>7885 SW 147 STREET MIAMI, FL 33158</b>
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2. Principal Place of Business <b>12600 Burning Tree Lane</b>	3. Mailing Address <b>12600 Burning Tree Lane</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

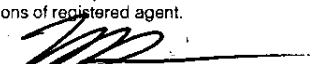
City & State <b>Coral Springs FL</b>	City & State <b>Coral Springs FL</b>
Zip <b>33071</b>	Country
Zip <b>33071</b>	Country

02272004 Chg-P CR2E034 (10/03)

4. FEI Number <b>04-3675700</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent	
<b>WECHSLER, ROBERT 7885 SW 147 STREET MIAMI, FL 33158</b>	

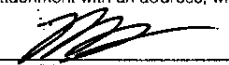
7. Name and Address of New Registered Agent	
Name <b>Michael Reuter</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>12600 Burning Tree Lane</b>	
City <b>Coral Springs</b>	FL Zip Code <b>33071</b>

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 	DATE <b>3-2-04</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WECHSLER, ROBERT</b> <b>7885 SW 147 STREET</b> <b>MIAMI, FL 33158</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>REUTER, MICHAEL</b> <b>12600 BURNING TREE LANE</b> <b>CORAL SPRINGS, FL 33071</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	DATE <b>3-2-04</b> DAYTIME PHONE # <b>954 796-3170</b>