

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-28-2004 90217 023 ***150.00

DOCUMENT # P02000056131

1. Entity Name
DEAFDATES.COM, INC.



Principal Place of Business
1502 BELMONT PLACE
BOYNTON BEACH, FL 33436

Mailing Address
1502 BELMONT PLACE
BOYNTON BEACH, FL 33436



2. Principal Place of Business

3967 Cocoplum Circle

Suite, Apt. #, etc.

UNIT F

City & State

Coconut Creek FL

Zip

33063

Country

U.S.A.

3. Mailing Address

3967 Cocoplum Circle

Suite, Apt. #, etc.

Unit F

City & State

Coconut Creek, FL

Zip

33063

Country

U.S.A.

04232004

Chg-P

CR2E034 (10/03)

4. FEI Number

03-0450795

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARAIS, CHRISTIAN
1502 BELMONT PLACE
BOYNTON BEACH, FL 33436

7. Name and Address of New Registered Agent

Name CHRISTIAAN H. MARAIS

Street Address (P.O. Box Number is Not Acceptable)

3967 Cocoplum Circle Unit F

Coconut Creek, FL 33063

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

4-23-04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME MARAIS, CHRISTIAAN H
STREET ADDRESS 400 VIA LUGANO CIR #202
CITY-ST-ZIP BOYNTON BEACH, FL 33436

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President
NAME MARAIS, CHRISTIAAN H.
STREET ADDRESS 3967 Cocoplum Circle Unit F
CITY-ST-ZIP Coconut Creek, FL 33063

☒ Change

☐ Addition

TITLE
NAME
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☐ 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 the empowered.

SIGNATURE:

Christiaan H. Marais

CHRISTIAAN H. MARAIS

4-23-04

954-658-3802

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #