## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 04, 2004 08:00 AM Secretary of State

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DOCUI 1. Entity Nam SPIRAL C		65			·		
Principal Plac 14 NE 1ST. / 1402 MIAMI, FL 3:	AVENUE	Mailing Address 14 NE 1ST. AVENUE 1402 MIAMI, FL 33132	•				
DO NOT WRITE IN THIS SPA			CE	01222004 No Chg-P CR2E034 (10/03)  4. FEI Number			
6. Name and Address of Current Registered Agent GAUTHERIN, JEAN F 2625 COLLINS AVE #1908 MIAMI BEACH, FL 33140			rong-bosonosomonosomonosomonosomo		NOT W THIS SF		
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 releasing)  DATE							
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Final Trust Fund Contribution.				5.00 May Be ided to Fees	and the second s	<u>.</u>	
1G. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIS D GAUTHERIN, JEAN F 2625 COLLINS AVE #1908 MIAMI BEACH, FL 33140	RECTORS			02/06/1 00/20	000036740 04-80068-0	16 150.00
TITLE NAME STREET ADDRESS GITY-ST-2IP BILE							
NAME STRIET ADDRESS CITY-ST-ZIP TITLE			DO NOT WRITE IN THIS SPACE				
NAME STREET ABURESS CITY-ST-ZIP TITLE			· · ·	,, ,			
NAME STREET ADDRESS CITY-ST-ZIP							

12. I hereby certify that the information supplied with this filling 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 calls; 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

GAUTHERIN JEAN FRANÇOIS SIGNATURE AND TYPED ON PRINTED NAME OF STORMING OFFICER ON DIRECTOR

2/2/204

Saytime Phane #