


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> P02000077886	
1. Entity Name FLORANADA, INC.	

Principal Place of Business 3225 NE 16TH ST, UNIT 8A POMPANO BEACH, FL 33062-3303	Mailing Address 3225 NE 16TH ST, UNIT 8A POMPANO BEACH, FL 33062-3303
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**DO NOT WRITE IN THIS SPACE**



02122004 No Chg-P CR2E034 (10/03)

4. FCI Number 37-1448994	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  DUDYS, DANIEL 3225 NE 16TH ST, UNIT 8A POMPANO BEACH, FL 33062-3303
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rehashing)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000061444 02/23/04-80081-003 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DUDYS, DANIEL 3225 NE 16TH ST, UNIT 8A POMPANO BEACH, FL 330623303
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST DUDYS, DANIEL 3225 NE 16TH ST, UNIT 8A POMPANO BEACH, FL 330623303
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** DANIEL DUDYS 02-12-04 954 572 3954  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Days to Phone if