


FILED
May 26, 2004 8:00 am
Secretary of State

05-26-2004 90001 024 ***150.00

DOCUMENT # P02000085400

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1. Entity Name
PARTY ANIMAL OF SUNRISE, INC.




Principal Place of Business
421 NE 1ST ST, STE 212
HALLANDALE, FL 33009

Mailing Address
421 NE 1ST ST, STE 212
HALLANDALE, FL 33009

2. Principal Place of Business
401 GOLDEN ISLE DRIVE
Suite, Apt. #, etc.
STE 1005
City & State
HALLANDALE FL
Zip
FL 33009
Country
USA

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

54055566



03132003 Chg-P CR2E034 (10/03)

4. FEI Number
74-3059608

Applied For
Not Applicable

5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

7. Name and Address of New Registered Agent
Name
HOFFMAN LEWY BENGIO & CO PC
Street Address (P.O. Box Number is Not Acceptable)
6525 N STATE RD 7 STE #115
City
Hollywood FL
Zip Code
33021

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)

5/19/04
DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/19/04
Date
Daytime Phone #

Attachment

540555-66

PARTY ANIMAL OF SUNRISE, INC.
401 GOLDEN ISLES DRIVE STE 1005
HALLANDALE, FL 33009

May 19, 2004

Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re:
DOC#P020000854005

Dear Sir or Madam:

I ask that the penalty for the failure to file an annual report be waived. The taxpayer never received the renewal form due a change in the address. The penalty will create a hardship for my business and I ask that you please waive it.

Enclosed are my 2004 UBR forms with my fee of \$150.00

Thank you very much for you help and understanding.

Sincerely,

Raf Argu