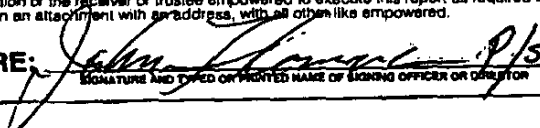


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2004 8:00 am
Secretary of State

07-19-2004 90004 015 ***150.00

DOCUMENT # P02000096798			
1. Entity Name CROCHET FINGER GUARD CORP.			
Principal Place of Business 2699 STIRLING ROAD A-305 HOLLYWOOD, FL 33026		Mailing Address 2699 STIRLING ROAD A-305 HOLLYWOOD, FL 33026	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent THOMAS, SR., MR. JOHN 12340 N.E. 6TH COURT NORTH MIAMI, FL 33161		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5979 NW 151 Street City Miami Lakes FL Zip Code 33014	
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 reappointing)		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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S THOMAS, JOHN 12340 N.E. 6TH COURT NORTH MIAMI, FL 33161 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 5979 NW 151 St. Miami Lakes, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/T WOLFERT, JULIA 12340 N.E. 6TH COURT NORTH MIAMI, FL 33161 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 5979 NW 151 St. Miami Lakes, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:  P/S		Date: 7-9-04 305-6871428 Daytime Phone	

66432405



07062004 Chg-P CR2E034 (10/03)

4. FEI Number **55-0796499** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fees Required**

Attachment 66432405
P02000090798

August 18, 2004

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

Re: Crochet Finger Guard #55-0796499

Dear Sirs:

We are requesting an abatement of the penalty for late filing of the 2004 For Profit Corporation Annual Report. The taxpayer did not receive the annual report notice. We appreciate your consideration in the matter.

Sincerely,



John C. Thomas
President