# **ANNUAL REPORT**



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FILED Mar 29, 2004 8:00 am Secretary of State

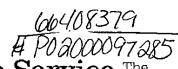
1. Entity Nam	0	# PU20000 IREE TIMES, SI						03-04-20	004 9000	01 033 *	**150.00
Principal Place of Business 517 SW FIRST AVE. FT. LAUDERDALE, FL 33301				Mailing Address 517 SW FIRST AVE. FT. LAUDERDALE, FL 33301			UU3~~-				
2. Principal P	lace of Busin	ess	3.	Mailing Address							
Suite, Apt. #. etc.			+	Suite, Apt. #. etc.			01252004	Chg-P	CR2E03	4 (10/03)	
City & State	9			City & State			4. FEI Number APPLIED		8882		plied For t Applicable
Ζίρ	Zip Country			Zio Country			5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name	and Address of Cum	ent Regis	lered Agent		Name	7. Name and	Address of New R	egistered A	gent	
MEE, GLENN R 517 SW FIRST AVE.					Street Address (P.O. Box Number is Not Acceptable)						
FT. LAUDI	ERDALE, I	FL 33301									
						City			FL	Zip Cod	9
	named entitions of regist		nt for the p	surpose of changing its	register	ed office or registe	red agent, or both	, in the State of Flo	rida. Iam ta	miliar with,	and accept
SIGNATURE_	Sgratec, lyped	or presided name of registered a	geni and life	fagolesto. (FIX)	E Regiziere	d Agant signature require	rz whan joinstning)		DATE		·
		FEE IS \$150.00 4 Fee will be \$55	00.00	9. Election Campa Trust Fund Cont	-		.00 May Be led to Fees			-	
10.		OFFICERS A	ND DIREC		11.		ADDITIONS/C	HANGES TO OFF	CERS AND	_	
TITLE NAME STREET ADDRESS	PSTD SPERLING 517 SW 1	G, BENGIE ST AVE		☐ De'ete		E Et adoress				☐ Change	☐ Addision
City-St-ZiP				-	- ST- ZIP	<del> </del>	<u> </u>		<u> </u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		•		☐ De'ete		1				Change	∏ Addilion
TITLE HAME STREET ADDRESS CITY-SI-ZIP				Cefele		1				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		·		De'en			······································			☐ Change	☐ Add:tion
TITLE KAME STREET ADDRESS CITY-ST-ZIP				☐ Deleta				<u> </u>		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			•	☐ Delete		- I			-	☐ Change	☐ Addition
	ertify that the	information supplied	with this fi	ling does not quality to			ection 119.07(3)(i)	, Florida Statutes. I	further certi	ly that the in	formation

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 10 if changed, or on an attachment with an address, with all other like empowered.

SIGNATION	•

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Attachment





## Internal Revenue Service

DEPARTMENT OF THE TREASURY

Digital Daily

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### Federal Tax ID / EIN

This is your provisional Employer Identification Number:

1 |

#### 20-0888571

Today's Date is: March 22, 2004 GMT

You will receive a confirmation letter in U.S. mail within fifteen days.

The letter will also contain useful tax information for your business or organization.

If you have input any of the information on your application in error, please wait seven days and contact the EIN Toll Free area at 1-800-829-4933, Monday - Friday, 7:30am - 5:30pm. If you do not want to call, please make corrections on the letter you receive confirming your EIN and return it to the IRS.

You may click on the buttons below for different print options or to fill out another Form SS-4.

Review and Print Form SS-4 | Fill Out Another Form SS-4

Click <u>here</u> to return to the Internet Employer Identification Number landing (start) page.