2004 FOR PROFIT CORPORATION ANNUAL REPORT



FILED

Principal Place of Business 1940 HARRISON ST MEZZANINE B HOLLYWOOD, FL 33020 2. Principal Place of Business 3. Mailing Address 1940 HARRISON ST MEZZANINE B HOLLYWOOD, FL 33020 2. Principal Place of Business 3. Mailing Address 2. S. WAINVERSTY DR. Sulto Apt. #, etc. Sulto Apt. #, etc. City & State Country 2. B. Sulto PLANTATION, FL 0. City & State Planta of Status Desired Proprietation Proprietat
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PLANTATION, FL 03-0486465 Not applicable 21p 23324 Country 33324 S. Certificate of Status Desired \$8.75 Additional Fee Required \$8.75 Additional \$8.75 Additional Fee Required \$8.75 Additional \$8.75 Addi
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Short Bruce 8935 RAMBLEWOOD DR APT 2414 CORAL SPRINGS, FL 33071 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 File NowIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 ITILE PVTS SHORE, BRUCE SIRECT ADDRESS CITY-ST-2IP CORAL SPRINGS, FL 33071 Delate 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 ITILE PVTS SHORE, BRUCE SIRECT ADDRESS CITY-ST-2IP Delate 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 ITILE PVTS SHORE, BRUCE SIRECT ADDRESS CITY-ST-2IP Delate 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE SIRECT ADDRESS CITY-ST-2IP Delate 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 MAME SIRECT ADDRESS CITY-ST-2IP Delate SIRECT ADDRESS CITY-ST-2IP Delate SIRECT ADDRESS CITY-ST-2IP Delate SIRECT ADDRESS
SHORE, BRUCE 8935 RAMBLEWOOD DR APT 2414 CORAL SPRINGS, FL 33071 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature: \(\text{specification} \) 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 and Mile if applicable. SIGNATURE Signature: \(\text{specification} \) for protect name of registered agent and Mile if applicable. Signature: \(\text{specification} \) for protect name of registered agent and Mile if applicable. Signature: \(\text{specification} \) for protect name of registered agent and Mile if applicable. Signature: \(\text{specification} \) for protect name of registered agent and Mile if applicable. Signature: \(\text{specification} \) for protect name of registered agent and Mile if applicable. Signature: \(\text{specification} \) for protect name of registered agent and Mile if applicable. Signature: \(\text{specification} \) for protect name of registered agent and Mile if applicable. Signature: \(\text{specification} \) for protect name of registered agent and Mile if applicable. Signature: \(\text{specification} \) for protect name of registered agent and Mile if applicable. Signature: \(\text{specification} \) for protect name of registered agent and Mile if applicable. Signature: \(\text{specification} \) for protect name of registered agent and Mile if applicable. Signature: \(\text{specification} \) for protect name of registered agent and Mile if applicable. Signature: \(\text{specification} \) for protect name of registered agent and Mile if applicable. Signature: \(\text{specification} \) for protect name of registered agent. Signature: \(\text{specification} \) for protect name of registered agent and Mile if applicable. Signature
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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 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.