



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90435 050 \*\*\*150.00

<b>DOCUMENT # P02000100899</b> 1. Entity Name <b>LEGACY FOUNTAINS, INC.</b>					
Principal Place of Business <b>7000 NW 35 AVE</b> <b>MIAMI, FL 33147</b>			Mailing Address <b>7000 NW 35 AVE</b> <b>MIAMI, FL 33147</b>		
2. Principal Place of Business <b>10072 N.W. 50th Street</b> Suite, Apt. #, etc.		3. Mailing Address <b>10072 N.W. 50th Street</b> Suite, Apt. #, etc.			
City & State <b>Sunrise, Florida</b>		City & State <b>Sunrise, Florida</b>			
Zip <b>33351</b>		Zip <b>33351</b>			
Country <b>Broward</b>		Country <b>Broward</b>			
4. FEI Number <b>38-3682094</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>DIQUEZ, MARSHA P</b> <b>6508 IBIS WAY</b> <b>COCONUT CREEK, FL 33073</b>			7. Name and Address of New Registered Agent Name <b>Marsha P. Diquez</b> Street Address (P.O. Box Number is Not Acceptable) <b>10072 N.W. 50th Street</b>  City <b>Sunrise</b>		
FL			Zip Code <b>33351</b>		
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 <i>Marsha Diquez</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<b>PRESIDENT</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<b>4-16-04</b> <small>DATE</small>	
<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"/>		<b>\$5.00</b> 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	D DIQUEZ, MARSHA P 6508 IBIS WAY COCONUT CREEK, FL 33073		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/D Diquez, Marsha 10072 NW 50th Street Sunrise, Florida 33351	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARENCIBIA, ROBERTO 748 E 53 STREET HIALEAH, FL 33013		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/T/D Dalal, Roger 2592 SW Bridgeview Terrace Palm City, Florida 34990	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Marsha Diquez</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>4-16-04</b> <small>Date</small>		<b>954448-3383</b> <small>Daytime Phone #</small>	