2004 FOR PROFIT CORPORATION ANNUAL REPORT

CHY-ST-ZIP

SIGNATURE: _

FILED May 03, 2004 08:00 AM Secretary of State

S. Name and Address of Current Registered Agent MALCYK, HERBERT M 8360 W FLAGLER ST, #200 MIAMI, FL 33144 B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOWIN FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS MALCYK, HERBERT M 8360 W FLAGLER ST, #200 MAME SIRET AURESS OFF \$1.7P MALCYK, HERBERT M 8360 W FLAGLER ST, #200 DO NOT WRITE INT MAKE SIRET AURESS OFF \$1.7P DO NOT WRITE IN THIS SPACE		AHIOA	- 1/Fi A1/1		_		ecrets	arv of Stat
B350 W FLAGLER ST, #200 MIAMI, FL 33144 DO NOT WRITE IN THIS SPACE O2-282004 No Chg.P CR26034 (10/03) 4. PET Number 103-10515222 Apolitical For D3-0515222 S. Certificate of Status Desired 19-0515222 S. Certificate 19-0515222 S. Certificate	1. Entity Name							
DO NOT WRITE IN THIS SPACE 4. FEI Number 03-0515222 Applied For 103-0515222 No. Chg-P CR2E034 (10/03)	8360 W FLA	GLER ST, #200	8360 W FLAGLER ST, #200		1 3 4 4 1 1 4 4 1 4 1	II EB IJ O (1 8 1) EB IJ (1811)	613t 1811 82111 2131	מותר כן התחונון תחומו זעותה נו
MALCYK, HERBERT M 8360 W FLAGLER ST, #200 MIAMI, FL 33144 B. 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. B. Election Campaign Financing P. Election Campaign Financing P. Election Campaign Financing P. Addod to Fees DO NOT WRITE IN THIS SPACE	C		CE	04282004 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional				
SIGNATURE Stratus, speed or control name consequence agent and sile of applicable (NOTE Registered Agent septrature recurred or re-mentaling) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution	8360 W FI	HERBERT M LAGLER ST, #200						
HILE NAME SIRET ADDRESS CITY-S1-ZIP HILE NAME STREET ADDRESS CITY-S1-ZIP HILE NAME STREET ADDRESS CITY-S1-ZIP HILE NAME STREET ADDRESS CITY-S1-ZIP HILE NAME SIREET ADDRESS CITY-S1-ZIP	the obligated signature.	Signature, youd or printed name or registered ager LE NOWILL FEE IS \$150.00	d Agent signal.ire required	(when reinstating)	oth, in the State of F		imiliar with, and accept	
TITLE NAME	HITLE NAME STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP HITLE NAME CITY-ST-ZIP HITLE NAME STREET ADDRESS CITY-ST-ZIP HITLE HAME	P MALCYK, HERBERT M 8360 W FLAGLER ST, #200	DIRECTORS			NOT W	/RITE	Ē

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR