


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90016 025 \*\*\*150.00

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| <b>DOCUMENT # P02000105152</b><br>1. Entity Name<br>S CUBED HOLDINGS GP, INC. |  |
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| Principal Place of Business<br>2875 NE 191ST STREET<br>SUITE 400<br>AVENTURA, FL 33180 US | Mailing Address<br>2875 NE 191ST STREET<br>SUITE 400<br>AVENTURA, FL 33180 US |
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**54017776**



01272004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number<br>51-0428311                               | Applied For<br>Not Applicable            |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional<br>Fee Required |

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| 6. Name and Address of Current Registered Agent<br><br>MONDRE, RICHARD D. Papadakis, Joan<br>1200 SOUTH PINE ISLAND RD. 2875 N.E. 191st Street<br>SUITE #200 Suite 400<br>PLANTATION, FL 33324 Aventura FL 33180 |
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| 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.<br><br>SIGNATURE <u>Joan Papadakis</u> <u>JOAN PAPADAKIS</u> <u>2/26/04</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> |
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| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
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| 10. OFFICERS AND DIRECTORS                     |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>STUDNIK, STACY<br>1200 SOUTH PINE ISLAND RD., STE #200<br>PLANTATION, FL 33324 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 2875 N.E. 191st Street<br>Suite 400<br>Aventura FL 33180                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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| 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: <u>Joan Papadakis</u> <u>JOAN PAPADAKIS</u> <u>2/26/04</u> <u>305</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |