


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90018 045 ***150.00

DOCUMENT # P02000109736		
1. Entity Name AMICON BUILDERS CORPORATION		

Principal Place of Business 3800 S OCEAN DR #216 HOLLYWOOD, FL 33109	Mailing Address 3800 S OCEAN DR #216 HOLLYWOOD, FL 33109
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2. Principal Place of Business 3800 South Ocean DR		3. Mailing Address 3800 South Ocean DR	
Suite, Apt., #, etc. #238		Suite, Apt., #, etc. #238	
City & State Hollywood FL		City & State Hollywood, FL	
Zip 33019	Country Broward	Zip 33019	Country Broward



02162004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent BDB AGENT CO. 2500 N MILITARY TRAIL, STE 480 BOCA RATON, FL 33431		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOPSICK, ADAM J 3800 S OCEAN DR #238 HOLLYWOOD, FL 33109 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, Sec. Adam Mopsick 3800 S Ocean Dr., No. 238 Hollywood, FL 33109 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADICKMAN, ROSS F 3800 S OCEAN DR #238 HOLLYWOOD, FL 33109 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, V.P. Ross Adickman 3800 S Ocean Dr., No. 238 Hollywood, FL 33109 <input checked="" 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	D, Pres, Treas Wood, John 3800 S Ocean Dr., No. 238 Hollywood, FL 33109 <input type="checkbox"/> Change <input checked="" 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: JOHN WOOD **2/26/04** **305 216 4320**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #