2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNI

Secretary of State **DOCUMENT # P02000111664** 04-29-2004 90298 024 ***150.00 SIRIV DEVELOPMENT CORP. Principal Place of Business Mailing Address 14012377 2700 W. CYPRESS CREEK ROAD 2700 W. CYPRESS CREEK ROAD SUITE D-112 SUITE D-112 FT. LAUDERDALE, FL 33309 FT. LAUDERDALE, FL 33309 2. Principal Place of Business 1977 BRANDYWINE RD 3. Mailing Address 1911 BRANDYWINE RD Suite, Apt. #, etc Suite, Apt. #, etc. 04272004 Chg-P CR2E034 (10/03) City & State City & State 4. EEL Number Applied For WEST Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BURGESS LACK, JONATHAN D 2700 W. CYPRESS CREEK ROAD SUITE D-112 FT. LAUDERDALE, FL 33309 334<u>09</u> 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 reinstating **\$5.00** May Be 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. BungESS Kenneth Delete Change Addition TITLE TITLE BURGESS, KENNETH 1999 BRANDY WINE RD West PAIN BEACH KL. 33409 NAME NAME STREET ADDRESS STREET ADDRESS 351 W. 16TH WAY RIVIERA BEACH, FL 33404 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition TITLE 1977 BRANDYLINE AD Wast PAIN BEACH, FL 33409 NAME BURGESS, KENNETH NAME STREET ADDRESS STREET ADDRESS 351 W. 16TH WAY CITY-ST-ZIP RIVIERA BEACH, FL 33404 CITY-ST-ZIP 1997 BRANDYWINE RD WEST PAM BENL FL Addition ☐ Delete TITLE BURGESS, KENNETH NAME STREET ADDRESS STREET ADDRESS 351 W. 16TH WAY 33809 CITY-ST-ZIP RIVIERA BEACH, FL 33404 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TIT) F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- 7IP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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:

OFFICER OR DIRECTOR

FILED Apr 29, 2004 8:00 am

Daytime Phone #