
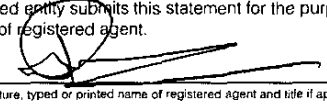
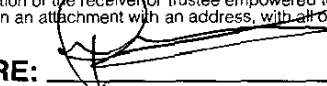


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90012 002 \*\*\*150.00

<b>DOCUMENT # P02000111901</b>					
1. Entity Name <b>E.B. MANAGEMENT COMPANY</b>					
Principal Place of Business <b>7025 BERACASA WAY SUITE 107 BOCA RATON, FL 33433</b>			Mailing Address <b>7025 BERACASA WAY SUITE 107 BOCA RATON, FL 33433</b>		
2. Principal Place of Business <b>7284 W. Palmetto Park Rd Suite, Apt. #, etc. <u>Ste 106</u></b>			3. Mailing Address <b>7284 W. Palmetto Park Rd Suite, Apt. #, etc. <u>Ste 106</u></b>		
City & State <b>Boca Raton, FL</b>		City & State <b>Boca Raton, FL</b>		4. FEI Number <b>05-0535828</b>	
Zip <b>33433</b>	Country <b>USA</b>	Zip <b>33433</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BARFIELD, DONNA ESQ 319 HIBISCUS STREET WEST PALM BEACH, FL 33401</b>				7. Name and Address of New Registered Agent <b>Name: <u>Daniel A. Kaskel, P.A.</u> Street Address (P.O. Box Number is Not Acceptable): <u>7284 W. Palmetto Park Rd - Ste 108</u> City: <u>Boca Raton</u> FL Zip Code: <u>33433</u></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:  DATE: <b>4-12-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BERDUGO, ELIE 7025 BERACASA WAY, SUITE 107 BOCA RATON, FL 33433	<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	
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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: 			Date: <b>4-12-04</b> Daytime Phone #: <b>561 395 0868</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					