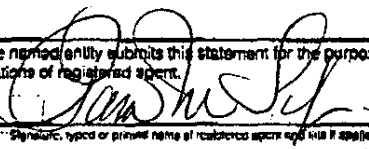
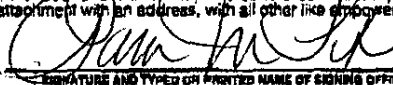


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90342 041 ***150.00

DOCUMENT # P02000116118			
1. Entity Name TAYLOR HOLDINGS OF SOUTH FLORIDA INC.			
Principal Place of Business 800 N. OCEAN PLACE #3 DELRAY BEACH, FL 33483		Mailing Address 800 N. OCEAN PLACE #3 DELRAY BEACH, FL 33483	
2. Principal Place of Business 615 Renaissance Way		3. Mailing Address 615 Renaissance Way	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Delray Beach FL		City & State Delray Beach	
Zip 33483		Zip 33483	
Country		Country	
4. FEI Number 03-1650971		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KIESLING, ROBERT A 4793 N. CONGRESS AVENUE #208 BOYNTON BEACH, FL 33426		7. Name and Address of New Registered Agent Name TAYLOR, PAMELA Street Address (P.O. Box Number is Not Acceptable) 615 Renaissance Way City Delray Beach FL Zip Code 33483	
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: 4/27/04	
FILE NOW!!! FEB IS \$160.00 After May 1, 2004 Fee will be \$560.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAYLOR, PAMELA M 800 N. OCEAN PLACE #3 DELRAY BEACH, FL 33483 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 4/27/04 561-414-4860	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

14015158



04262004 Chg-P CR2E034 (10/03)