## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Sep 15, 2004 8:00 am Secretary of State 08-13-2004 90070 027 \*\*\*158.75

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Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  MOORE  CR2E034 (4/04)  City & State  City & State  City & State  City & State  Country  Zip  Country  5. Certificate of Status Desired  Fee Require  Name  NoFIL, JOSEPH K PA  3284 NORTH STATE ROAD 7  LAUDERDALE LAKES FL 33319  City  City  City  FL  Zip Co  City  City  City  City  City  City  City  City  FL  Zip Co  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with	iot Applicable
City & State  Country  Country	iot Applicable
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Au Fee Requirement 1. Name and Address of New Registered Agent Name  NOFIL, JOSEPH K PA 3284 NORTH STATE ROAD 7 LAUDERDALE LAKES FL 33319  City FL Zip Co  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	iot Applicable
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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	de
	), and accept
SIGNATURE Sometime, lead or primed name of readstread agent and title if applicable. (NOTE: Received Agent somative required when rentstated)  DATE	
FILE NOW III FEE IS \$550.00 S.607.193(2Xb), F.S., allows for the waiver of the \$400.00 s. Election Campaign Financing \$5	i.00 May Be ded to Fees
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
TITLE PSTD  NAME GLANINO, CHARLES  STREET ADDRESS 1530 SW 72ND AVENUE  CITY-ST-ZP PLANTATION FL 33317  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZP  PLANTATION FL 33317	Addition
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TITLE Change NAME STREET ADDRESS Change	
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the indicated on this report or supplemental effort is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an office of the corporation or the receiver if ruster employeed to execute this capon as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 changed, or on an attachment out an address, with all other like employeered.  SIGNATURE:  8 - 2 - 0 / 954-58	Addition

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PO2000122314

## **CHARLES GIANINO**

1530 SW 72 Ave. Plantation, FL 33317 Ph 954-321-6411

September 10, 2004

Dear Friend,

This letter is to certify that AAA Business Machines did not receive prior notice. I am enclosing a copy of the annual report in which we made an error by not checking the box certifying that we had not received prior notice. Please made the proper corrections and send me a certificate of status as requested. Thank you for your attention to this matter

Sincerely,