

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90461 016 \*\*\*150.00

<b>DOCUMENT # P02000123913</b> 1. Entity Name <b>ROBERT BELIECH, INC</b>					
Principal Place of Business <b>435 S. RIDGEWOOD AVE., #210 DAYTONA BCH, FL 32114</b>			Mailing Address <b>1215 WINDING CHASE WINTER SPRINGS, FL 32708</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>893 MILLS ESTATE PL</b>  Suite, Apt. #, etc.			
City & State  City: <b>CHULUOTA</b> State: <b>FL</b>		4. FEI Number <b>56-2302363</b>			
Zip <b>32766</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>BELIECH, ROBERT 1215 WINDING CHASE BLVD. WINTER SPRINGS, FL 32708</b>			7. Name and Address of New Registered Agent Name: <b>ROBERT BELIECH</b> Street Address (P.O. Box Number is Not Acceptable): <b>893 MILLS ESTATE PL</b> City: <b>CHULUOTA</b> State: <b>FL</b> Zip Code: <b>32766</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: <u><i>Robert M. Beliech</i></u> DATE: <u>4/21/04</u> <small>Signature, typewritten or printed name of registered agent and the applicable (NOTE: Registered Agent Signature required when creating)</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	P <b>BELIECH, ROBERT 1215 WINDING CHASE WINTER SPRINGS, FL 32708</b> <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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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: <u><i>Robert M. Beliech</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>4/21/04</u> <small>Date Daytime Phone #</small>		