


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-14-2004 90045 012 ***150.00

DOCUMENT # P02000127299 1. Entity Name CONSTANTIA, INC.					
Principal Place of Business 8251 S W 6 COURT N LAUDERDALE, FL 33068			Mailing Address 8251 S W 6 COURT N LAUDERDALE, FL 33068		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 65-1165902 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04022004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent FLORIDA AGENT SERVICES INC 92 SADBERRY ROAD QUINCY, FL 32351-0000			7. Name and Address of New Registered Agent Name Donald Hutchinson Street Address (P.O. Box Number is Not Acceptable) 8251 SW 6th Court City N. Lauderdale FL Zip Code 33068		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D HUTCHINSON, WINSTON 7921 RAMONA ST MIRAMAR, FL 33023	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PUSEY, LANCELOTT 1 CROMER CLOSE UXBRIDGE MIDDLESEX, UB83DA EN.	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	member	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRAY, MYRTLE 80 A HALFORD RD. IKENHAM MIDDLESEX MR 108GA.	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	member	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUTCHINSON, DONALD 8251 SW 6 COURT N. LAUDERDALE, FL 33068	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/M D/S/T/C/CEO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	member Nicholas Anthony Wray 21 Barrington Ave HAREFIELD, Middlesex HA4 0UB	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	member Sharon Monica Hope 28 Bideford Rd South Ruislip, Middlesex HA4 0UB	<input type="checkbox"/> Change <input checked="" 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					