2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 12, 2004 8:00 am Secretary of State 04-12-2004 90251 035 ***150.00

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DOCUI 1. Entity Nam INDUNA,		1365				04-12-2004 9	0231 033	150.	00
Principal Plac	e of Business	Mailing Address	Mailing Address		7			E 1	
2200 NE 66TH ST #1412 FT LAUDERDALE, FL 33308		2200 NE 66TH ST #1412 Ft Lauderdale, Fl 33308		1			9	10307	
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2. Principal P	lace of Business	3. Mailing Address							
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Suite, Apt. #, etc.		Suite, Apt. #, etc.		04072004	Chg-P	CR2E034		<u> </u>	
City & State		City & State		4. FEI Numbe 30-0146			<u>_</u>	plied For	
Zip Country.		Zip Cour		ntry			□ \$8	1.75 Add	t Applicable itional
	C. Name and Address of Courset Projects					of Status Desired	Fee	Bequire	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
MICHAEL C. KLASFELD, P.A. 2424 NE 22ND ST			Street Address (P.O. Box Number is Not Acceptable)						
POMPANO BCH, FL 33062				Groot / databat (- 10. Box (tallibet in 100 - 100 applicable)					
j	•								
				<u>-</u>			FL	Zip Code	
the obligat	named entity submits this statement tions of registered agent.	for the purpose of changing i	ts register	ed office or regis	itered agent, or bot	h, in the State of Flo	orida. I am fam	iliar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered age	ent and title if applicable. (NO	OTE: Registers	ed Agent signature requ	ired when reinstating)		DATE		
After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550	<u></u>			5.00 May Be dded to Fees	· · · · · · · · · · · · · · · · · · ·	· .		
18.	OFFICERS AN	Delete	11.		ADDITIONS/	CHANGES TO OFF			
NAME	GREENSTEIN, THELMA T	Delete	NAM	,			<u> </u>] Change	Addition
STREET ADDRESS CITY-ST-ZIP	2200 NE 66TH ST #1412			EET ADDRESS /-ST-ZIP					
TITLE	FT LAUDERDALE, FL 33308 CIT				<u> </u>		Change	☐ Addition	
NAME	GREENSTEIN, THELMA T		NAM	i			<u> </u>	1 omango	- 1001.001
STREET ADDRESS CITY-ST-ZIP	2200 NE 66TH ST #1412 FT LAUDERDALE, FL 33308			EET AOORESS (-ST-ZIP					
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TITLE		☐ Delete	ŢITL	I	——————————————————————————————————————] Change	☐ Addition
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CITY-ST-ZIP				r-st-zip					
TITLE		☐ Delete	ŢIT	ſ] Change	☐ Addition
NAME STREET ADDRESS			NAM STR	AE Eet address					
CITY-ST-ZIP				Y-ST-ZIP					
12. I hereby	certify that the information supplied w	ith this filing does not qualify	for the exe	emption stated in	Section 119.07(3)(i), Florida Statutes.	I further certify	that the in	nformation

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.

THELMA TILLY GREENSTEIN

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