

**2004 FOR PROFIT CORPORATION-  
ANNUAL REPORT (AR)**

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

01-26-2004 90002 025 \*\*\*150.00



**DOCUMENT # P02000132440**  
1. Entity Name  
**26 PARALLEL, INC.**

Principal Place of Business: **5190 S.W. 28 TERRACE OANIA BEACH FL 33312**  
Mailing Address: **5190 S.W. 28 TERRACE OANIA BEACH FL 33312**  
*→ DANIA*



MOORE CR2E034 (11/03)

2. Principal Place of Business: **5190 SW 28 Terrace**  
3. Mailing Address: **SAME AS # 2**

City & State: **DANIA BEACH, FL 33312**

Zip: **33312** Country: **BROWARD**

4. FEI Number: **33-1055014** Applied For:  Not Applicable

5. Certificate of Status Desired:  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent:  
**COOPER, KEVIN**  
**1200 SOUTH PINE ISLAND RD #300**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent:  
Name: **KEVIN COOPER**  
Street Address (P.O. Box Number is Not Acceptable):  
**5190 SW 28 Terrace**  
City: **DANIA BEACH, FL** Zip Code: **33312**

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: *[Signature]* PRES. DATE: **1/20/04**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE: <b>P</b>	<input type="checkbox"/> Delete
NAME: <b>COOPER, KEVIN</b>	
STREET ADDRESS: <b>1200 SOUTH PINE ISLAND RD #300</b>	
CITY-ST-ZIP: <b>PLANTATION FL 33324</b>	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

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: *[Signature]* PRES. DATE: **1/20/04** (954) 579-8653