


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90013 022 ***150.00

DOCUMENT # P03000001575	
1. Entity Name DESTINATION FLORIDA-NEW ENGLAND, INC.	

Principal Place of Business 9 ISLAND AVENUE APARTMENT 505 MIAMI BEACH, FL 33139	Mailing Address 9 ISLAND AVENUE APARTMENT 505 MIAMI BEACH, FL 33139
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54022129



2. Principal Place of Business 1330 West Ave Suite, Apt. #, etc. 2702 City & State Miami Beach, FL Zip 33139-0911 Country Dade	3. Mailing Address 1330 West Ave Suite, Apt. #, etc. 2702 City & State Miami Beach, FL Zip 33139-0911 Country DADE
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03132004 Chg-P CR2E034 (10/03)

4. FEI Number 57-1146585	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PLOUCHA, L.M. ESQ. % ATKINSON DINER, STONE MANKUTA & PLOUCHA 1946 TYLER STREET HOLLYWOOD, FL 33020-4517	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPENCER, KRISTINA 9 ISLAND AVENUE APARTMENT 505 MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1330 West Ave, Apt #2702 Miami Beach, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATTE, PAUL 9 ISLAND AVENUE APARTMENT 505 MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1330 West Ave, Apt #2702 Miami Beach, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, THOMAS M 14704 S.W. 83RD COURT MIAMI, FL 33158 <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
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
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

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: Kristina Spencer 3-15-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #