2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 17, 2004 8:00 am Secretary of State 04-21-2004 90030 025 ***150.00

1. Entity Nam	e	# P03000004 OCONUT CREEK,					04-21-200-	1 90030 023	, 15	70.00
Principal Place 4914 NW 120 CORAL SPRIN	OTH AVENU	E	Mailing Address 4914 NW 120TH AVENUE CORAL SPRINGS, FL 33076			66422106				
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02192004	Chg-P	CR2E034 ((10/03)	
City & State			City & State			4. FEI Number	-1867	974		plied For Applicable
Zip Country		Zip Coun		try	5. Certificate of Status Desired					
	6. Нали	and Address of Current	Registered Agent		Name .		Address of New F	······································	nt	
ST-ONGE, THERESE 39 TREASURE CIRCLE SEBASTIAN, FL 32958					Street Address (P.O. Box Number is Not Acceptable) Yaya Nw. Both Avenue					
					City	Coral Si	OFINGS	FL	Zip Code	076
8. The above the obligat SIGNATURE	ions of regis	by submits this statement for stered agent. Sor printed name of registered agent.	r the purpose of changing it		ed office or register		, in the State of FI	orida. I am fami U-/4 DATE		
FIL After Ma	E NOW!!! by 1, 200	FEE IS \$150.00 4 Fee will be \$550.0	9. Election Camp Trust Fund Cor		ncing \$5.	.00 May Be led to Fees				
10.	D	OFFICERS AND	OJRECTORS Delete	11.		ADDITIONS/0	HANGES TO OF		RECTORS Change	Addition
NAME STREET ADORESS CITY-ST-ZP)	HANTAL 120TH AVENUE SPRINGS, FL 33076		NAM STRE	· i				, o., o., o., o., o., o., o., o., o., o.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2334 SOUTH CYPRESS BEND APT. 608				E IE FET ADDRESS '-SY-ZIP				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dean 233	-Claude Bour Souttapies Porpano Seo	GUC, In D. Bud Apt 608			• .	: -		Change .	Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP	**************************************		☐ Delete						Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Oelete		i] Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete		· L				Change	Addition
indicated of the cor	on this repr poration or	ort or supplemental report is the receiver or trustee emp	n this filling does not qualify to strue and accurate and that owered to execute this repo- with all other like empowere	t my signa rt as requ	ature shall have the ired by Chapter 60	same legal effect 7, Florida Statutes	as if made under	oath; that I am i ne appears in Bi	an officer	or director