2004 FOR PROFIT CORPORATION

Apr 29, 2004 8:00 am Secretary of State **ANNUAL REPORT** 04-29-2004 90254 007 ***150.00 DOCUMENT # P03000007900 1. Entity Name HOLLANDER & HANUKA, P.A. 94072846 Principal Place of Business Mailing Address 2325 STANFORD COURT 2325 STANFORD COURT NAPLES, FL 34112 NAPLES, FL 34112 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 04132004 Chg-P Applied For City & State City & State 4. FEI Number Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HOLLANDER, LEE ESQ. Street Address (P.O. Box Number is Not Acceptable) 2325 STANFORD COURT NAPLES, FL 34112 City Zip Code 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 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE P, S ☐ Delete HOLLANDER, LEE ESQ. NAME NAME 2325 STANFORD COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34112 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE HANUKA, DANIEL ESQ. NAME NAME 2325 STANFORD COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34112 CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP ·

CITY-ST-ZIP

NAME

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

☐ Delete

☐ Change

Change

☐ Addition

Addition

FILED