2004 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P03000008466 01-20-2004 90080 011 ***150.00 1. Entity Name PURE A & W, INC. Principal Place of Business Mailing Address 66400645 2900 GRIFFIN ROAD 2900 GRIFFIN ROAD DANIA BEACH, FL 33312 DANIA BEACH, FL 33312 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01142004 CR2E034 (10/03) Chg-P City & State Applied For City & State Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JACOBSON, DANIEL A Street Address (P.O. Box Number is Not Acceptable) 2500 NORTH FEDERAL HIGHWAY, SUITE 100, FORT LAUDERDALE, FL 33305 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 little it applicable. (NOTE: Hegistered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be \Box Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Addition ☐ Delete NORDINGER, JOHN MALIF NAME STREET ADDRESS 1409 NW 7TH STREET STREET ADDRESS **DANIA, FL 33004** CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIELE Change -Addition Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-57-ZIP CITY-ST-ZIP . Change ☐ Addition Delete TITLE TITLE 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 cath; that I am an officer or director of the corporation or the receiver or bystee 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: _

FILED Feb 02, 2004 8:00 am