

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 17, 2004 8:00 am**  
**Secretary of State**


09-01-2004 90003 045 \*\*\*150.00

66433750



MOORE CB2E034 (4/04)

2004-18989

<b>DOCUMENT # P03000010683</b>					
1. Entity Name <b>SUDDENLY, INC.</b>					
Principal Place of Business <b>10378 COPPER LAKE DRIVE BOYNTON BEACH FL 33437</b>			Mailing Address <b>10378 COPPER LAKE DRIVE BOYNTON BEACH FL 33437</b>		
2. Principal Place of Business <b>10790 LAKE WINDS CT.</b>			3. Mailing Address <b>10790 LAKE WINDS CT.</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>BOYNTON BEACH FL.</b>			City & State <b>BOYNTON BEACH FL.</b>		
Zip <b>33437</b>		Country <b>USA</b>		Zip <b>33437</b>	
				Country <b>USA</b>	
4. FEI Number <b>0000000000</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SPIEGEL &amp; UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145</b>			7. Name and Address of New Registered Agent  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____  City _____ <b>FL</b> 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 _____ DATE <b>8/30/04</b> <small>Signature, typed or printed name of registered agent and individual applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$350.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State</b>			S 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			<b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	PSTD <input type="checkbox"/> Delete				
NAME	<b>SITNICK, IRWIN</b>				
STREET ADDRESS	<b>10378 COPPER LAKE DRIVE</b>				
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33437</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					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
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				
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: _____ DATE <b>8/30/04</b> DAYTIME PHONE # <b>5214148004</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					