2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 19, 2004 8:00 am Secretary of State

DOCUMENT # P03000018076 1. Entity Name GOTTA MINUTE, INC.					04-19-2004 90370 041 ***150.00			
Principal Place of Business Mailing Address 5867 NW 125 TERRACE 5867 NW 12 CORAL SPRINGS, FL 33076 CORAL SPRIN								
2. Principal	Place of Business	3. Mailing Address						
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc. City & State			04122004 Chg-P CR2E034 (10/03)			
							Applied For	
Zip	Country	Zip	Count	try	5. Certificate of	Status Desired	\$8.75	Not Applicable Additional
	6. Name and Address of Curre	ent Registered Agent					Fee Req	uired
	a. Name and Address of Curre	nt negistered Agent		Name	/. Name and A	daress of New F	registered Agent	
SCHNITZER, GERALD S 2455 E SUNRISE BLVD STE 502 FT LAUDERDALE, FL 33304				Street Address	Address (P.O. Box Number is Not Acceptable)			
				City			FL Zip C	Code
8. The above	e named entity submits this statement	for the purpose of changing	its registere	d office or registe	ered agent, or both.	in the State of Flo		ith, and accept
the oblica								
the obliga	tions of registered agent. Signature, typed or printed name of registered age	ent and title if applicable. (NO	OTE: Registered	Agent signature require	d when reinstating)		DATE	
signature. Fil. After M		9. Election Camp	paign Financ	ing _ \$5	.00 May Be ded to Fees			
SIGNATURE. FIL After M:	Signature. typed or printed name of registered age E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550 OFFICERS AN	9. Election Camp Trust Fund Co	paign Finance ntribution.	ing _ \$5	.00 May Be ded to Fees	IANGES TO OFF	DATE ICERS AND DIRECTO	DRS IN 11
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The boy 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:

STORATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/04 88-838-080