

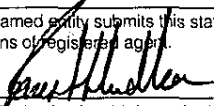
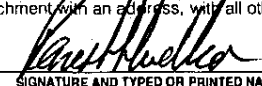


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 18, 2004 8:00 am**  
**Secretary of State**

08-18-2004 90001 047 \*\*\*150.00

<b>DOCUMENT # P03000020993</b>					
<b>1. Entity Name</b> HUDKA BROTHERS CORP.					
<b>Principal Place of Business</b> 1627 GRAND ISLE DRIVE BRANDON, FL 33511 US			<b>Mailing Address</b> 1627 GRAND ISLE DRIVE BRANDON, FL 33511 US		
<b>2. Principal Place of Business</b> 6521 219th St E Suite, Apt. #, etc.		<b>3. Mailing Address</b> 6521 219th St E Suite, Apt. #, etc.			
<b>City &amp; State</b> Bradenton FL		<b>City &amp; State</b> Bradenton FL		<b>4. FEI Number</b> 13-4242309	
<b>Zip</b> 34211		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  HUDKA, PARESH H 1627 GRAND ISLE DRIVE BRANDON, FL 33511			<b>7. Name and Address of New Registered Agent</b> Name: Pares H Hudka Street Address (P.O. Box Number is Not Acceptable): 6521 219th St E City: Bradenton FL Zip Code: 34211		
<b>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.</b> SIGNATURE: 					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 8, 2004</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.			
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> 			8-15-04 941-926-1242		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		