2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

03-08-2004 90044 034 *** 150.00 P03000026340

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2. Principal Piace of Business Suite, Act. #, etc. MOORE CR2EOst (11/03) Applied For Not Activated For Not A	4081 NW 16 ST		4081 NW 16 ST		,	O4 JUSBOVEPMA2: 53 STATE TALLAHASSEFATE ORIDA
Cry & State City & State City & State City & State A. FEI Number D - Do D 26 S.S. Ropical Fig. Ropical	2. Principal Place of Business 3. Mailin		3. Mailing Address			
S. Name and Address of Current Registered Agent S. Name and Address of Current Registered Agent ANDERSON, GLADYS 474 1 NW 1911 H ST LAUDERHILL FL 33313 City FL Zip Code 8. The above named entity submits this statisment for the purpose of changing its registered diffice or registered agent, or both, in the Stats of Florids. I am familiar with, and accept the orbigations of registered agent. SIGNATURE SIGNATURE FL ADWITTENERS S150.00 9. Election Campaign Financing That Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. NAME ANDERSON, GLADYS ADDERSON, GLADYS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITIE BURL B	Suite. Apt. #, etc.		Suite, Apt. #, etc.			
S. Certificate of Status Desired Agent Fig. 1. Name and Address of New Registered Agent ANDERSON, GLADYS 474 f YINW 19TH ST LAUDERHILL FL 33313 City FL Stroot Address, (P.O:Box Number is Next Acceptable) City FL Signature for displayment for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Fl	City & State					4. FEI Number \$0-062655 Applied For Not Applicable
ANDERSON, GLADYS 474 T NW 19TH ST LAUDERHILL FL 33313 City FL Zip Code 8. The above named entity submits its statement for the purpose of changing its registered office or registered agent, or both, in the State of Forrida. I am tamillar with, and accept the obligations of registered agent, or both, in the State of Forrida. I am tamillar with, and accept the obligations of registered agent, or both, in the State of Forrida. I am tamillar with, and accept the obligations of registered agent, or both, in the State of Forrida. I am tamillar with, and accept the obligations of registered agent, or both, in the State of Forrida. I am tamillar with, and accept the obligations of registered agent, or both, in the State of Forrida. I am tamillar with, and accept the obligations of registered agent, or both, in the State of Forrida. I am tamillar with, and accept the obligations of registered agent, or both, in the State of Forrida. I am tamillar with, and accept the obligations of registered agent, or both, in the State of Forrida. I am tamillar with, and accept the obligations of registered agent, or both, in the State of Forrida. I am tamillar with, and accept the obligations of registered agent, or both, in the State of Forrida. I am tamillar with, and accept the obligations of registered agent, or both, in the State of Forrida. I am tamillar with, and accept the obligations of registered agent, or both, in the State of Forrida. I am tamillar with, and accept the obligations of registered agent, or both, in the State of Forrida. I am tamillar with, and accept the obligations of registered agent, or both, in the State of Forrida. I am tamillar with, and accept the obligations of registered agent, or both, in the State of Forrida. I am tamillar with, and accept the obligations of registered agent, or both, in the State of Forrida. I am tamillar with, and accept the obligations of registered agent, or both, in the State of Forrida. I am tamillar with, and accept the obligations of registered agent, or both, in the St	Zip	Country Zip C		Coun	itry	Fee Required
City FL Zp Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me of the familiar with, and accept me of registered agent, or both, in the State of Florida. I am familiar with, and accept me of registered agent, or both, in the State of Florida. I am familiar with, and accept me of registered agent, or both, in the State of Florida. I am familiar with, and accept me of registered agent, or both, in the State of Florida. I am familiar with, and accept me of Florida. I am familiar with, and accept me of Florida		6. Name and Address of Currer	it Hegistered Agent	_.	Name	7. Name and Address of New Registered Agent
LAUDERHILL FL 33313 City FL 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 em familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE SIGNATURE FILE NOWING FEE IS \$150.00 FRIENDAME Check Payable to Refined Degarithment of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE DAME Check Payable to Refined Degarithment of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE DEGREE CHANGES CITY-ST-ZP THE DEGREE CITY-ST-ZP THE DEGR	ANDERSON, GLADYS				Street Addres	(P.O.:Box Number is Not Acceptable)
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Porida. I am familier with, and accept the obligations of registered agent. SIGNATURE SIGNATURE SPACE FILE NOW!!: FEE: IS \$150.00 After May 1; 2004 Fee with the \$550.00 After May 1; 2004 Fee with the \$550.00 After May 1; 2004 Fee with the \$550.00 Added to Fee's Physiole to Floridab Department of State 10. OFFICERS AND DIRECTORS IN 11. TITLE OFFICERS AND DIRECTORS IN 11. TITLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE OFFICERS AND DIRECTORS IN 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE OFFICERS AND DIRECTORS IN 11. TITLE OPERE TITLE OPERE						
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FILE NOW III. FEE IS \$150.00 Affect New III be \$550.00			for the purpose of changing i	ts register	ed office or regis	stered agent, or both, in the State of Florida. I am familiar with, and accept
After May 3: 2004 Fee will be \$550.00 Trust Fund Contribution. \$5.00 May Be Added to Fees Added	SIGNATURE	Signature, typod or printed name of registered age	nt and title if applicable. (NC	TE: Registere	d Ageni signatura requ	ered when reinstating) DATE
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CITY-57-ZP CITY-57-ZP CITY-57-ZP 12. A bereful certify that the information supplied with this filing does not qualify for the evernation stated in Section 119 07(3Vi). Florida Statutes 4 further certify that the information				αп		

Interest certify that the information supplied with this filling does not qualify for the exemption state in section 119.7(3)(), Florida Statutes, 1 former certify that I are information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I are notificer 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.