## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Aug 11, 2004 8:00 am Secretary of State

Pincipal Place of Business   Sci NM   196 AVE   1960 AV	1. Entity Name	MENT # P030000					07-27-200	)4 90001 026 ** <sup>*</sup>	130.00
Sulle, Apt. 4, etc.    Sulle, Apt. 4, etc.   Sulle, Apt. 4, etc.   O7282004   ChgP   CR2E34 (10/03)	642 NW 106 AVE		642 NW 106 AVE	642 NW 106 AVE		i Manifant til Dörga liftil della Abbi Selija kun impur milin intin intern in 1984			
City & State  Country  So Certificate of Status Decision   Sex 75 Additional For Projection   For	2. Principal Place of Business		3. Mailing Address	3. Mailing Address					
Section   Sect	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		07262004	Chg-P	CR2E034 (10/03)	
Signarus and Address of Current Registered Apent  7. Name and Address of New Registered Apent  7. Name and Address of New Registered Apent  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 five obligations of registered agent.  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 five obligations of registered agent.  8. Signarus Nied or preservance of registered agent.  9. Signarus Nied or registered agent.  9. Sign	City & State		City & State	City & State			336702°		
-BOYD. THOMAS P 642 NW 106 AVE CORAL SPRINGS, FL 33071  City FL Zip Code  8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent.  SIGNATURE:  PILE NOVERLI FEE IS \$150.00  TOUR by September 6, 2004  PILE NOVERLI FEE IS \$150.00  TOUR by September 6, 2004  PILE NOVERLI FEE IS \$150.00  TOUR by September 6, 2004  THE NOVERLI FEE IS \$150.00  TH	Zip			Country		5. Certificate of	Status Desired		
Sireer Address (P.O. Box Number is Not Acceptable)  City FL 7/2 Code  8. The above named entry submits this statement 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 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 prior motion of the familiar with and accept the prior motion of the familiar with and accept the prior motion of the familiar with and accept the prior motion of the copy and the familiar with and accept the prior motion of the familiar with and accept the prior motion of the copy and the familiar with and accept the prior motion of the copy and the familiar with and accept the prior motion of the familiar with and of familiar of the familiar exports of the prior the familiar w	6: Name and Address of Current Registered Agent				•	7. Name and A	ddress of New Re	egistered Agent	
CORAL SPRINGS, FL 33071  City FL Zip 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 (the obligations of registered agent.)  SIGNATURE:    City FL Zip Code    City FL Zip Code    City FL Zip Code	BOYD, THOMAS P				والأراب والمنتقف فالماطلين والراسيونيون والماطليق والماطلية والماطلية والماطلية				
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THE NOWNII FEE IS \$150.00 **  PILE NOWNII FEE IS \$150.00 **  Due by September 8, 2004 **  Trust Fund Contribution.   \$5.00 May 5e corporation did not preceive the prior notice:  Trust Fund Contribution.   \$5.00 May 5e corporation did not preceive the prior notice:  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  THE TRUST BAY 10 Fee your **  TOWN AS BOYD  THE MAKE  STREET ADDRESS  CITY-S1-2P  THE MAKE  STREET AD				City				FL Zip Cod	e
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FILE NOWIL FEE IS \$190.00  Trust Fund Contribution  10. OFFICERS AND DIRECTORS  Trust Fund Contribution  TITLE  NAME  TODAY 120-19  TITLE  NAME  STREET ADDRESS  CITY-ST-2P  TITLE  NAME  STREET ADDRESS	uie obligati	ions or registered agent.							
### PILE NOVILL FEE IS \$150.00   S. Election Campaign Financing   S. 5.00 may be added to Fee		Signature, typed or printed name of registered	agent and title if applicable (NOT	E: Registered Agent sign	atse required	when reinstating)		DATE	
TITLE  MAKE  THOMAS [204] P  THOMAS [204] P  STREET ADDRESS  CITY-S1-2P  COPAL SPRINGS   CAPACIDE   CAPACIDE    CITY-S1-2P  COPAL SPRINGS   CAPACIDE    CITY-S1-2P				aign Financing	\$5.0 Adde	00 May Be			F.S., the notice:
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