2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 26, 2004 8:00 am
Secretary of State
08-26-2004 90003 019 ***150.00

DOCUMENT # P03000027726

1. Entity Name
INCORPORATING SERVICES, INC.

Principal Place of Business	Mailing Address
7700 NW 30TH STREET #204 HOLLYWOOD, FL 33024	7700 NW 30TH STREET #204 HOLLYWOOD, FL 33024

06072004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
2722 W. Atlantic Blvd		2722 W. Atlantic Blvd	
Suite, Apt. #, etc. Ste 14		Suite, Apt. #, etc. Ste 14	
City & State Pompano Beach FL		City & State Pompano Bch FL	
Zip 33069	Country USA	Zip 33069	Country USA

4. FEI Number 35-2197788 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRANIE, DOREEN
7700 NW 30TH STREET #204
HOLLYWOOD, FL 33024

7. Name and Address of New Registered Agent

Name GRANIE, Doreen
Street Address (P.O. Box Number is Not Acceptable) 2722 W. Atlantic Blvd
Ste 14
City Pompano Beach FL Zip Code 33069

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 [signature] 8/24/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 6, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	D GRANIE, DOREEN 7700 NW 30TH STREET #204 HOLLYWOOD, FL 33024	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	D GRANIE, Doreen 2601 N. Rock Island Rd #108 MARGATE FL 33063	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition

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: [signature] 8/24/04 954)925-3879
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #