


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90252 004 ***150.00

DOCUMENT # P03000028901	
1. Entity Name ETHNICITY MANAGEMENT INC.	

Principal Place of Business 335 OCEAN DR., #322 MIAMI BEACH, FL 33139	Mailing Address 335 OCEAN DR., #322 MIAMI BEACH, FL 33139
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2. Principal Place of Business	3. Mailing Address P o BOX 190776
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Miami Beach FL	4. FEI Number 65-1095053
Zip 33139	Country USA

6. Name and Address of Current Registered Agent STANLEY, LASHAWNNA 335 OCEAN DR., #322 MIAMI BEACH, FL 33139	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
State	
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 am familiar with, and accept the obligations of registered agent.	
SIGNATURE: <i>Lashawnna Stanley</i>	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO STANLEY, LASHAWNNA 335 OCEAN DR., #322 MIAMI BEACH, FL 33139 <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	D STANLEY, LASHAWNNA 335 OCEAN DR., #322 MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Lashawnna Stanley</i>	4-5-04 305-527-6665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR	Date Daytime Phone #