2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

Mar 18, 2004 8:00 am **Secretary of State** DOCUMENT # P03000036201 1. Entity Name 03-18-2004 90025 003 ***150 00 DAVID K. BLATTNER, P.A. Principal Place of Business Mailing Address 3331 AMSTERDAM AVE. 3331 AMSTERDAM AVE. COOPER CITY FL 33026 COOPER CITY FL 33026 2. Principal Place of Business 3. Mailing Address 100 South Pine Island Road SAME Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For Not Applicable <u>Plantation, Florida</u> 56-2340946 Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 33324 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent David K. Blattner Street Address (P.O. Box Number is Not Acceptable) BLATTNER, DAVID K 3331 AMSTERDAM AVE. 100 South Pine Island Road COOPER CITY FL 33026 Suite 134 Plantation 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. David K. Blattner 03-15-04 SIGNATURE (NOTE: Registered Agent signature required when reinstating) ne of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Delete TITLE ☐ Change * Addition TITLE NAME NAME David K. Blattner STREET ADDRESS STREET ADDRESS 100 South Pine Island Road, #134 CITY-ST-7/P CITY-ST-ZIP <u>Plantation, Florida 33324</u> ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 eath; 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.

David K. Blattner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-15-04

954-236-0208

Daytime Phone #

FILED