2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Jun 21, 2004 8:00 am **Secretary of State** DOCUMENT # P03000038316 06-21-2004 90001 008 ***150.00 DENNIS R. BORAK & ASSOCIATES, INC. 150CH # Principal Place of Business 4700 Mailing Address 10011 NW 2 STREET 54058093 PLANTATION, FL: 33324 330 a1 3. Mailing Address \$ 440 BRO. Suite, Apt. #, etc. 05182004 CR2E034 (10/03) 4. FEI Number 1140232 City & State Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 330 L Fee Required 7. Name and Address of New Registered Agent -6.-Name and Address of Current Registered Agent KLAPHOLZ, JOSEPH P Street Address (P.O. Box Number is Not Acceptable) 2500 HYWD BLVD STE 212 HOLLYWOOD, FL 33020 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or prin ed name of registered agent and little if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Due by September 8, 2004 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. BRU.C77.FL. ☐ Change ☐ Addition TITLE TITLE BORAK, DENNIS R -NAME NAME 10011 NW 2 STREET STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP PLANTATION, FL 33324 CITY ST-ZIP 4700 NOSHERD 10. Delete ☐ Change Addition TITLE BORAK DENNIS R NAME NAME 10011 NW 2 STREET STREET ADDRESS 'STREET ADDRESS CITY-ST-ZIP PLANTATION, FL 33324 ME AL ABOUR CITY-ST-ZIP Change --- Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-S1-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete THLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 is 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.

FILED

Daytime Phone #