

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 17, 2004 8:00 am
Secretary of State

08-27-2004 90008 036 ***550.00

DOCUMENT # P03000043482 1. Entity Name WARREN HOLDINGS STATESIDE, INC.					
Principal Place of Business 2198 MAIN STREET SARASOTA, FL 34237 US			Mailing Address 2198 MAIN STREET SARASOTA, FL 34237 US		
8254 MIDNIGHT PASS RD SARASOTA FL 34242 2. Principal Place of Business 8254 MIDNIGHT PASS RD			3. Mailing Address Suite, Apt. #, etc. City & State SARASOTA FLORIDA		
Suite, Apt. #, etc. City & State SARASOTA FLORIDA			4. FEI Number 550839677		
Zip FL 34242			Country U.S.A.		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			6. Name and Address of Current Registered Agent JAENSCH, P. CHRISTOPHER 2198 MAIN STREET SARASOTA FL 34237		
7. Name and Address of New Registered Agent Name DAVID WARREN Street Address (P.O. Box Number is Not Acceptable) 8254 MIDNIGHT PASS ROAD SIESTA KEY City FL Zip Code 34242			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 DAVID WARREN DATE 10 SEPT 2004 <small>(NOTE: Registered Agent signature required when renewing)</small>		
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARREN, DAVID BRACOTTAGE WOODFORD RD WILMSLOW, CHESSHIRE, UK SK9 2LS ADDRESS ONLY CHANGE		TITLE NAME STREET ADDRESS CITY-ST-ZIP	WARREN DAVID 8254 MIDNIGHT PASS ROAD SARASOTA FL 34242 U.S.A.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARREN, GINA BRACOTTAGE WOODFORD RD WILMSLOW, CHESSHIRE, UK SK9 2LS		TITLE NAME STREET ADDRESS CITY-ST-ZIP	WARREN GINA 8254 MIDNIGHT PASS ROAD SARASOTA FL 34242 U.S.A.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:			11 AUG 2004 9419246916		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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