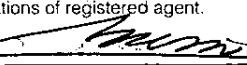


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90687 001 ***150.00

DOCUMENT # P03000054685 1. Entity Name FRANCK MESSICA, PA.			
Principal Place of Business 16950 NORTH BAY ROAD 1105 SUNNY ISLES FL 33160 US		Mailing Address 16950 NORTH BAY ROAD 1105 SUNNY ISLES FL 33160 US	
2. Principal Place of Business 2875 NE 191 ST. # Suite, Apt. #, etc. 601 City & State Aventura, FL Zip 33180		3. Mailing Address 2875 N.E 191 ST. Suite, Apt. #, etc. 601 City & State Aventura, FL Zip 33180	
4. FEI Number 20-0371168		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MESSICA, FRANCK 16950 NORTH BAY ROAD 1105 SUNNY ISLES FL 33160		7. Name and Address of New Registered Agent Name MESSICA, FRANCK Street Address (P.O. Box Number is Not Acceptable) 2875 NE 191 STREET # 601 City Aventura FL Zip Code 33180	
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  DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P MESSICA, FRANCK	TITLE	P MESSICA, FRANCK
NAME		NAME	
STREET ADDRESS	16950 NORTH BAY ROAD STE 1105	STREET ADDRESS	2875 NE 191ST #601
CITY-ST-ZIP	SUNNY ISLES FL 33160	CITY-ST-ZIP	Aventura, FL 33180
Delete ☐		Change ☐ Addition ☐	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
Delete ☐		Change ☐ Addition ☐	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
Delete ☐		Change ☐ Addition ☐	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
Delete ☐		Change ☐ Addition ☐	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
Delete ☐		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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #