2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004
Secretary of State

DOCUMENT# P03000055749

Entity Name: FLORIDA FIRST DEVELOPERS, INC.

Current Principal Place of Business:

6651 FALCONSGATE AVE
DAVIE, FL 33331

New Principal Place of Business:

Current Mailing Address:

6651 FALCONSGATE AVE
DAVIE, FL 33331

New Mailing Address:

FEI Number: 14-1883989 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COX, TRACE ALLAN
15140 WINDBLUFF ST
DAVIE, FL 33331 US

Name and Address of New Registered Agent:

COX, TRACE ALLAN
6651 FALCONSGATE AVE
DAVIE, FL 33331 US

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.

SIGNATURE: _____ 03/17/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: COX, TRACE ALLAN
Address: 15140 WINDLBUFF ST
City-St-Zip: DAVIE, FL 33331

Title: V ( ) Delete
Name: FLOYD, JAMES JR
Address: 16447 NW 14 ST
City-St-Zip: PEMBROKE PINES, FL 33028

Title: ST ( ) Delete
Name: MASUCCI, DONATO
Address: 1256 NE 92 ST
City-St-Zip: MIAMI SHORES, FL 33138

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: COX, TRACE ALLAN
Address: 6651 FALCONSGATE AVE
City-St-Zip: DAVIE, FL 33331

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRACE ALLAN COX PRES 03/17/2004
Electronic Signature of Signing Officer or Director — Date