


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90065 014 ***150.00

DOCUMENT # P03000056193	
1. Entity Name 2M'S & 3D, INC	

DO NOT WRITE IN THIS SPACE

54029787

2. Principal Place of Business 7824 C LEXINGTON CLUB BLVD		3. Mailing Address 7824 C LEXINGTON CLUB BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State DELRAY BEACH FL		City & State DELRAY BEACH FL	
Zip 33446	Country	Zip 33446	Country

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 55-0832233		Applied For <input type="checkbox"/>
	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name SIMON, MARILYNN		
Street Address (P.O. Box Number is Not Acceptable) 7824 C LEXINGTON CLUB BLVD			
City DELRAY BEACH FL Zip Code 33446			

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) _____ DATE _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMON, MARILYNN 7824 C LEXINGTON CLUB BLVD DELRAY BEACH FL 33446	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINKLER, MORRIS 7824 C LEXINGTON CLUB BLVD DELRAY BEACH FL 33446	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Morris Winkler **MORRIS WINKLER** 6 April 04 (561) 498-8786
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #