**2004 FOR PROFIT CORPORATION** ANNUAL REPORT: {AR}

SIGNATURE:

## Apr 05, 2004 8:00 am Secretary of State **DOCUMENT # P03000058235** 03-22-2004 90078 015 \*\*\*150 00 1. Entity Name WE BUY HOUSES CASH OF TAMPA BAY, INC. Principal Place of Business Mailing Address 6263 PARK BLVD PINELLAS PARK FL 33781 6263 PARK BLVD PINELLAS PARK FL 33781 66409800 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State Applied For 4. FEI Number [ -- ( Not Applicable Country - Country \_ . \_ <u>Zi</u>p \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent George-miller SPIEGEL & UTRERA, P.A. 1840 SOUTHWEST 22 STREET, 4TH FLOOR Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33145** HONK Blvd. 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 registated agent. SIGNATURE (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fee Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE **DPST** ☐ Delete TITLE Change Addition MILLER, GEORGE NAME NAME 6263 PARK BLVD STREET ADDRESS STREET ADDRESS PINELLAS PARK FL 33781 CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY - ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe Addition MALE NAME STREET ADDRESS STREET ADDRESS CITY -51-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition MALE NAME STREET ANDRESS STREET ADDRESS 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 as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 il changed, or on an attachment with a directs, with all other like empowered.

**FILED**