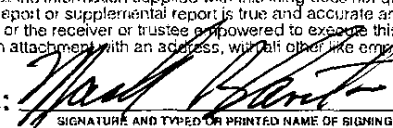


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91288 005 ***150.00

DOCUMENT # P03000062884 1. Entity Name CSI OF FLORIDA, INC.					
Principal Place of Business 3868 SHERIDAN ST STE A HOLLYWOOD, FL 33021			Mailing Address 3868 SHERIDAN ST STE A HOLLYWOOD, FL 33021		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 06-1698403	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVE STE 3000 MIAMI, FL 33181				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ 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			9. Election Campaign Financing Trust Fund Contribution. ☐		
\$5.00 May Be Added to Fees			DATE _____		
10. OFFICERS AND DIRECTORS					
TITLE	DP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	Wilds, Randall		NAME		
STREET ADDRESS	3868 Sheridan Street, Suite A		STREET ADDRESS		
CITY- ST- ZIP	Hollywood, Florida 33021		CITY- ST- ZIP		
TITLE	DVP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	Stewart, Orald		NAME		
STREET ADDRESS	3868 Sheridan Street, Suite A		STREET ADDRESS		
CITY- ST- ZIP	Hollywood, Florida 33021		CITY- ST- ZIP		
TITLE	DST	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	Blanton, Mack		NAME		
STREET ADDRESS	3868 Sheridan Street, Suite A		STREET ADDRESS		
CITY- ST- ZIP	Hollywood, Florida 33021		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			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)(g), 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, which other like empowered.					
SIGNATURE: 			Mack Blanton		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			04/22/04 954-893-1141		
Date			Daytime Phone #		