2004 FOR PROFIT CORPORATION

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SIGNATURE:

9/15/2004-90002-008-\$150.00-\$150.00 ANNUAL REPORT **DOCUMENT: # P03000064189** FILED 1. Entity Name CINDY SUTHERLAND ENTERPRISES, INC. 04 OCT 15 PH 12: 17 SEGRETARY OF STATE TALLAHASSEF, FLOGIDA Principal Place of Business Mailing Address 4710 BALDRIC ST. 4710 BALDRIC ST. BOCA RATON, FL 33428 BOCA RATON, FL 33428 2. Principal Place of Business 3. Mailing Address 4710 Baldric S Suite, Apt. #, etc. Suite, Apt. #. etc -98312004 CR2E034 (10/03) City & State City & State Applied For FEI Number Not Applicable Country Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COLEMAN, ANTHONY GER. .3275,W. HILLSBORO BLVD., #207. DEERFIELD BCH, FL 33442 s Not Acceptable) Zip Code 33442 City 8. The above gamed entity submits this statement for the purpose of changing its registered office or registere gent, or both, in the Stata of Florida. I am familiar with, and accept of recilitered are SIGNATURE (NOTE: Repretored Agent signature required when reinstating) \$5.00 May Be Added to Fees 9. Election Campaign Financing FILE NOWN FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Due by September 8, 2004 10. HA COUNTY SOLD OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, TITLE D Delete ☐ Change FITLE Addition NAME SUTHERLAND, CINDY NAME Suther HAND, CLADY STREET ADDRESS 4710 BALDRIC ST. STREET ADDRESS 4710 BANDINES CITY-ST-ZIP -BOCA RATON, FL 33428 City-St-78 Box lateral TITLE Defete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$1-21P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P inu . __ Oclete = mir" 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-S1-ZIP TILE ☐ Change TILLE Oefete ☐ 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)(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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if

 $10.04 \cdot 10.04$