

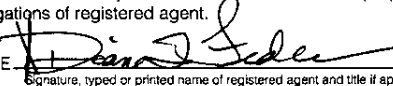



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90010 040 ***150.00

DOCUMENT # P03000073786 1. Entity Name EXECUTIVE PROCESSORS, INC.					
Principal Place of Business 5300 NW 33RD AVE, STE 220 C/O SPRING & ASSOCIATES FT LAUDERDALE, FL 33309			Mailing Address 5300 NW 33RD AVE, STE 220 C/O SPRING & ASSOCIATES FT LAUDERDALE, FL 33309		
2. Principal Place of Business PO Box 936313 Suite, Apt. #, etc.		3. Mailing Address PO Box 936313 Suite, Apt. #, etc.			
City & State Margate, FL Zip Country 33093-6313		City & State Margate, FL Zip Country 33093-6313		4. FEI Number 20-0099688 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01122004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent FEDERMAN, DIANE S 5300 NW 33RD AVE, STE 220 C/O SPRING & ASSOCIATES FT LAUDERDALE, FL 33309			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4995 Calamondin Circle City Coconut Creek FL Zip Code 33063		
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DIANE S. FEDERMAN, PRESIDENT <small>(NOTE: Registered Agent signature required when reinstating)</small>		1-28-04 <small>DATE</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS FEDERMAN, DIANE S 5300 NW 33RD AVE, STE 220 FT LAUDERDALE, FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 936313 Margate, FL 33093-6313		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT D'ALBORA, JOAN 5300 NW 33RD AVE, STE 220 FT LAUDERDALE, FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 936313 Margate, FL 33093-6313		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DIANE S. FEDERMAN, PRESIDENT <small>Date</small>		1-28-04 954-917-5151 <small>Daytime Phone #</small>	