

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90275 028 ***150.00

DOCUMENT # P03000075911

1. Entity Name
ENGINEERING TECHNOLOGIES & BUSINESS
PUBLICATIONS, CORP.



Principal Place of Business
425 N.W. 127 STREET
NORTH MIAMI, FL 33168

Mailing Address
425 N.W. 127 STREET
NORTH MIAMI, FL 33168

94062723



2. Principal Place of Business
2500 SW 18 TERRACE

3. Mailing Address
2500 SW 18 TERRACE

Suite, Apt. #, etc.
#8

Suite, Apt. #, etc.
#8

02242004 Chg-P CR2E034 (10/03)

City & State
FORT LAUDERDALE, FL

City & State
FORT LAUDERDALE, FL

4. FEI Number
20-0083923

Applied For
Not Applicable

Zip
33315

Country
BROWARD

Zip
33315

Country
BROWARD

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEVENS, DAVID J
425 N.W. 127 STREET
NORTH MIAMI, FL 33168

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PVSD
STEVENS, DAVID J
425 N.W. 127 STREET
NORTH MIAMI, FL 33168 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
STEVENS, KARINA
425 N.W. 127 STREET
NORTH MIAMI, FL 33168 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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CITY - ST - ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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☐ Change ☐ 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: *David J. Stevens*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/21/04 (954) 763-9256
Date Daytime Phone #