2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Mar 10, 2004 8:00 am Secretary of State 02-26-2004 90014 015 ***150.00

State Stat	DOCU 1. Entity Nam BUG FRE		443		02-26-2004 90014 015 ***150.00
Suite, Apil #, etc. Suite, Apil #, etc. Suite, Apil #, etc. Suite, Apil #, etc. City & State A. FEI Number Country 5. Certificate of Status Desired \$8,75 Addition For Page Required 8. Name and Address of Current Registered Agent Name WEITZMAN_JACK: 9190 SUINSET DRIVE MIAMI FL 33173 City FL Zop Code 8. The above named entity submits this statement for the purpose of chenging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida of	12172 S.W.	. 131 AVENUE	12172 S.W. 131 AVEN		66405334
City & State Ci	2. Principal Place of Business		3. Mailing Address		
Zip Country Zip Country 5. Certificate of Status Desired \$3.75. Addition Fee Required 6. Name and Address of Current Registered Agent					MOORE CR2E034 (11/03)
S. Derificate of Status Desired For Projection For P					20-0143141 Not Applicable
WEITZMAN_TJACK*L 9180 SUNSET DRIVE MIAMI FL 33173 City FL Zyp 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 the obligations of registered agent. SIGNATURE Signature Regulations of registered agent. FILE NOW! ULFEE IS \$150.00 C. After May 1, 2004 Fee will be \$550.00 C. Signature Regulations of Poloida Department of State of Poloida Department of Poloida Departme	Zip ————			Country	Fee Required
SIGNATURE 8. The above named entity submits this statement for the purpose of changing its registered algent, or both, in the State of Plorida. I am familiar with, and the obligations of registered agent. SIGNATURE Signature, Types or printed rame of required and expectative. (MOTE Registered Agent Signature required when resisting) ARETE, NOW! III. FEE: IS \$150.00 (Controllation) B. Election Campaign Financing TOUS FEE: NOW! III. FEE: IS \$150.00 (Controllation) B. Election Campaign Financing TOUS FEE: NOW! III. FEE: IS \$150.00 (Controllation) B. Election Campaign Financing TOUS FEE: NOW! III. FEE: IS \$150.00 (Controllation) B. Election Campaign Financing Added to F. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN III. MAKE Delete III. Delete III. NAME MAKE STRET ADDRESS CITY \$1.29 TOUR \$1.29			int Registered Agent	Name	7. Name and Address of New Registered Agent
City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered algent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent. SIGNATURE Signature, freed or protect rame of required septement feet of application. FILE. NOW!!II.FEE IS \$150.00 After Registered Agent Signature required when resistancy. P. Election Campalgn Financing Trust Fund Contribution. ACCOUNT Registered Agent Signature required when resistancy. P. Election Campalgn Financing Trust Fund Contribution. ACCONTROL Fee will be \$50.00. ANABOR Check Payable to Florida Department of State. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN INF. MAC. MCDADE, HUGH MAKE OTH-ST-2P MIAMI FL 33188 Delete ITTLE MAKE STREET ADDRESS CITY-ST-2P TITLE MAKE STREET ADDRESS STREE	919	O'SUNSET DRIVE		Street Address	s (P.O. Box Number is Not Acceptable)
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent. SIGNATURE Signame, types or protect rams of requested egent and tear 4 appealable. (MOTE: Registered Agent signature required wown remassion) DATE FILE: NOW!!!!/FEE:IS: \$150.00 S. Election Campaign Financing Trust Fund Contribution. Added to Parket May 1, 2004; Fee will be \$550.00 Make Check Parkethe to Fforida Department of State. 10. OFFICERS AND DIRECTORS ITTLE MAC MCDADE, HUGH DEtete MILE MOCADE, HUGH 12172 SW. 131 AVENUE Detete TILE MAME STRET ADDRESS CITY-ST-2P TILE Detete TILE MAME STRET ADDRESS CITY-ST-2P TILE Detete TILE MAME STRET ADDRESS CITY-ST-2P TILE MAME STRET ADDRESS CITY-ST-2P TILE Detete		:		City	FL Zip Code
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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 affect as if made under oath; that I am an officer or did 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 Bloc changed, or on an attackness with all other like empowered. SIGNATURE: 2 - 19 - 04 3 05 - 251 - 595	of the co	o on this report or supplemental report Programon or the receiver or trustee er	or is true and accurate and that r moowered to execute this report	my signature shall have the t as required by Chapter 60 t.	e same legal effect as if made under oath; that I am an officer or director 07, Florida Statutes; and that my name appears in Block 10 or Block 11 if