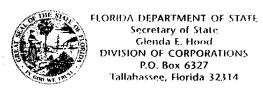
2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jul 22, 2004 8:00 am **Secretary of State DOCUMENT # P03000081598** 07-22-2004 90001 034 ***158.75 SATIN LEAF DEVELOPMENT CORP. Principal Place of Business Mailing Address 54054644 161 NE WAVECREST WAY 161 NE WAVECREST WAY BOCA RATON, FL 33432 BOCA RATON, FL 33432 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07072004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Not Applicable Zip \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FŘEEMAN, JOHN M Street Address (P.O. Box Number is Not Acceptable) 161 NE WAVECREST WAY BOCA RATON, FL 33432 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Due by September 8, 2004 Added to Fees OFFICERS AND DIRECTORS ADDITIONS HANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change TITLE TITLE ☐ Delete ☐ Addition NAME FREEMAN, JOHN M NAME STREET ADDRESS 161 NE WAVECREST WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP BOCA RATON, FL 33432 ☐ Delete ☐ Addition TITLE TITLE this is the case NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ■ 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 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.

FILED





NOTICE OF INTENT TO DISSOLVE

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To receive the form by mail:

- Detach this postcard.
- Enter address to mail report to, if different from preprinted mailing address.
- Affix postage on reverse side and mail.
- Allow 10-14 business days to receive form.

Document # P03000081598	Mail Report to:
SATIN LEAF DEVELOPMENT CORP. 161 NE WAVECREST WAY	
BOCA RATON FL 33432-4217	•



7/20/04-

there was no prior notice.

this is the first and only notice

I received.

John freeman