

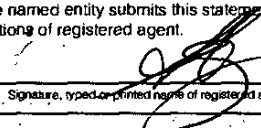
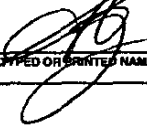


2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91033 031 ***150.00

DOCUMENT # P03000082884 1. Entity Name LARKLAND, CORP.					
Principal Place of Business 1800 WEST 49TH STREET STE 301 HIALEAH, FL 33012			Mailing Address 1800 WEST 49TH STREET STE 301 HIALEAH, FL 33012		
2. Principal Place of Business 2800 GLADE CIRCLE Suite, Apt. #, etc. SUITE # E-102 City & State WESTON, FL Zip 33327		3. Mailing Address 2800 GLADE CIRCLE Suite, Apt. #, etc. SUITE # E-102 City & State WESTON, FL Zip 33327			
4. FEI Number: 27-00643803				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RIOS, LEOPOLDO J 1800 WEST 49TH STREET STE 301 HIALEAH, FL 33012			7. Name and Address of New Registered Agent Name RIOS, LEOPOLDO J Street Address (P.O. Box Number is Not Acceptable) 2800 GLADE CIRCLE SUITE # E-102 City WESTON FL Zip Code 33327		
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:  ANTONIETTA RIOS 04/23/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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	DPT GIL, GABRIEL I 1800 WEST 49TH STREET STE 301 HIALEAH, FL 33012	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS LE VEER, EDWARD F 1800 WEST 49TH STREET STE 301 HIALEAH, FL 33012	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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 another like empowered.					
SIGNATURE:  ANTONIETTA RIOS 04/23/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
954-515-0301 <small>Daytime Phone #</small>					