

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90483 001 ***150.00
04-29-2004 90483 002 *****8.75

66416876



04262004 Chg-P CR2E034 (10/03)

4. FEI Number **01-0794899** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DEROGENE, ROBERT J
12007 NW 47TH STREET
CORAL SPRINGS, FL 33076

7. Name and Address of New Registered Agent

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 _____ (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 ☐ Delete
NAME **P**
STREET ADDRESS **DEROGENE, ROBERT J**
CITY-ST-ZIP **5950 W. OAKLAND PARK BLVD., 103 LAUDERHILL, FL 33319**

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **DEROGENE, ROBERT J**
CITY-ST-ZIP **5950 W. OAKLAND PARK BLVD., 103 LAUDERHILL, FL 33319**

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **WELLINGTON, BRIGITTE**
CITY-ST-ZIP **5950 W. OAKLAND PARK BLVD., 103 LAUDERHILL, FL 33319**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE: **4/27/04** **924-332-1791**
Date Daytime Phone #