2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOČUMENT # P03000086982

FILED Feb 12, 2004 8:00 am Secretary of State 02-12-2004 90016 025 ***150.00

INC.	CE MANAGEMENT SYSTE	MO HATEKNATIONA					
Principal Place	e of Business	Mailing Address		1			
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CAPE CORAL,		CAPE CORAL, FL 33904	,				•
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2 Principal P	face of Business	3. Mailing Address	· // · · · · · · · · · · · · · · · · ·				
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City & State	Coral, FL	Cape Cora	l. FL	4. FEI Number 2:0~0	155-22	9	Applied For Not Applicable
Zip	Country	Zip	Country A	5. Certificate of	Status Desired		Additional
15390	14 USA	33904	<u>usn</u>			Fee He	quired
	6. Name and Address of Current I	Hegistered Agent	Name -	7. Name and A	4 . 1	Registered Agent	
BUSINESS	S FILINGS INCORPORATED		<u> </u>	ttrey	OP1221	<u>e</u> _	
	FERSON ST		Street Address	(P.ΩBox Number	is Not Acceptabl	Θ)	
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			City Cape	Coral _		FL Zip	33904
	named entity submits this statement for	the purpose of changing its r	egistered office or egiste	ered agent, or both	in the State of Fl	orida. I am familiar	with, and accept
the obligat	ions of registered agent	21.				alelan	
SIGNATURE_	Y/ IT) X2		***************************************		215/04	
	Signature, typed 50 gented name of registered agerst a	and little if politicable. (NOTE:	Registered Agent signature require	od when reinstating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campaig Trust Fund Contri	n Financing \$5	.00 May Be			
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receive ceresy may may make the information supplied with this filing goes not quality 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 each; 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 attaching it with an address puth all other like empowered.