2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 29, 2004 8:00 am Secretary of State **DOCUMENT # P03000089737** 01-29-2004 90024 022 ***150.00 FELBÍN ENTERPRISES, INC. Mailing Address Principal Place of Business KZZIUUŁU 8188 SOUTH CORAL CIRCLE 8188 SOUTH CORAL CIRCLE NORTH LAUDERDALE, FL 33068 NORTH LAUDERDALE, FL 33068 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01102004 Cha-P CR2E034 (10/03) 4. FEI Number 20 - 0173724 Applied For City & State City & State Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required~ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FELLER, JOSEPH N Street Address (P.O. Box Number is Not Acceptable) 8188 SOUTH CORAL CIRCLE NORTH LAUDERDALE, FL 33068 City 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 obtigations of registered agent. 3300 SIGNATURE____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees TATE: OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PST ☐ Addition ☐ Change TITLE ☐ Delete TIT1F FELLER, JOSEPH N NAME NAME STREET ADDRESS 8188 SOUTH CORAL CIRCLE STREET ADDRESS NORTH LAUDERDALE, FL 33068 CITY-ST-7IP CITY-ST-7IP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADORESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TILE ☐ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZNP ☐ Delete TITLE ☐ Change ☐ Addition -0. 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.

Joseph N. Feller

SIGNATURE:

1/11/04

(954) 726-9078

FILED