## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 16, 2004 8:00 am Secretary of State

MAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	1. Entity Nam	MENT # P0300009	3140				03-15-200	4 900 <b>8</b> 2	034 ***	150.00
2. Principal Place of Business   3. Mailing Address   Suite, Apt. #, etc.   03102004   ChgP   CR2E034 (10/03)    City & State   Cay & State   Cay & State   Cay & State   A. FEI Number   Applied For   Applied Fo	Principal Plac	c of Business								
Suite, Apt. 4; stot.  Suite, Apt. 4; stot.  City & State  Cey & State	915 N.W. 124TH AVE. 915 N.W. 124TH AVE.								•	
City & State  Country  City  FL  City  FL  City  FL  City  City  FL  City  City  FL  City  Country  City  FL  City  City  FL  City  City  FL  City  Country  City  City  FL  City  Country  City  City  FL  City  Country  City  C	2. Principal Place of Business 3. Mailing Address									
Signature   Popular   Spot of printed range of implications of printed range of implications of registered agent of the purpose of changing its registered office or registered agent, or both, in the State of Florida. Tam lamiliar with, and according to the originations of registered agent, or both, in the State of Florida. Tam lamiliar with, and according to the originations of registered agent.    Signature   Popular   Spot of printed range of implications of printed range of implications of registered agent.   Popular   Spot of printed range of implications of registered agent.   Popular   Spot of printed range of implications of registered agent.   Popular   Spot of printed range of implications of registered agent.   Popular   Spot of printed range of implications of registered agent.   Popular   Spot of printed range of implications of registered agent.   Popular   Spot of printed range of implications of registered agent.   Popular   Spot of printed range of implications of registered agent.   Popular   Spot of printed range of implications of registered agent.   Popular   Spot of printed range of implications of registered agent.   Popular   Spot of printed range of implications of registered agent.   Popular   Spot of printed range of implications of registered agent.   Popular   Spot of printed range of implications of registered agent.   Popular   Spot of Popular   Popular   Spot of Popular	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #. etc.		03102004	Chg-P	CR2E03	4 (10/03)	
Country   Country   Country   St. Certificate of Status Desired   \$8,75 Additional   See Required	City & Stat	le	City & State		4. FEI Number	-0208	601	<u> </u>		
Signature   Sign	Zip	Country	Zip	Country					8.75 Addi	itional
Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  6. 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 accidence of registered agent, or both, in the State of Florida. I am familiar with, and accidence of registered agent, or both, in the State of Florida. I am familiar with, and accidence of registered agent, or both, in the State of Florida. I am familiar with, and accidence of registered agent, or both, in the State of Florida. I am familiar with, and accidence of registered agent, or both, in the State of Florida. I am familiar with, and accidence of registered agent, or both, in the State of Florida. I am familiar with, and accidence of registered agent, or both, in the State of Florida. I am familiar with, and accidence of registered agent, or both, in the State of Florida. I am familiar with, and accidence of registered agent, or both, in the State of Florida. I am familiar with, and accidence of registered agent, or both, in the State of Florida. I am familiar with, and accidence of registered agent, or both, in the State of Florida. I am familiar with, and accidence of registered agent, or both, in the State of Florida. I am familiar with, and accidence of registered agent, or both, in the State of Florida. I am familiar with, and accidence of registered agent, or both, in the State of Florida. I am familiar with, and accidence of registered agent, or both, in the State of Florida. I am familiar with, and accidence of Florida.  Interpolations of registered agent.  Interpolations of registered agent, or both, in the State of Florida. I am familiar with, and accidence of registered agent, or		6. Name and Address of Curren	t Registered Agent			7. Name and /	Address of New R			
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 accident the obligations of registered agent agent are fire agent and fire it appears to the its appearance of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accident the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accident to registered agent, or both, in the State of Florida. I am familiar with, and accident the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accident to registered agent, or both, in the State of Florida. I am familiar with, and accident the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accident the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accident the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accident the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accident the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accident the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accident the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accident the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accident the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accident the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accident the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accident the obligations of registered agent, or both,	101141100	NIK ( ADD)/		Name	,					
S. 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 lamiliar with, and accidente obligations of registered agent.  SIGNATURE    Signature, typed of infried name of registered agent and 5% if appeable   (NOTE: Registered Agent signature required when relations)   DATE      FILE NOWITH FRE IS \$150.00   S. Eloction Campaign Financing   S5.00 May Be Added to Fees	915 N.W. 124TH AVE.									
8. The above named entity submits this statement for the purpose of changing its registered argent, or both, in the State of Floride. I am familiar with, and accident the obligations of registered agent.  SIGNATURE  Spanier, hower or infriend name of registered apent and the if appeausible.  (NOTE: Registered Agent signature required mon reinfriending)  Trust Fund Contribution.  DETECTION OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  TITLE  DIANACSIK, LARRY STREET ADDRESS  STREET ADDRESS  CITY-ST-2P  TITLE  MAKE STREET ADDRESS  CITY-ST-2P  STREET ADDRESS  CITY-ST-2P  STREET ADDRESS  CITY-ST-2P  STREET ADDRESS  CITY-ST-2P  STREET ADDRESS  STREET				City				Ei	Zip Code	:
SIGNATURE    Signature typed or printed range of registered agent and first a applicable   (NOTE: Registered Agent septiate required when registered agent septiated Agent sep	P The obove	named acting submits this statement	les the number of charging its	conistend office			in the City of Flo		1	
TITLE   DOHANCSIK, LARRY   Delete   TITLE   NAME   STREET ADDRESS   STATE ADDRESS   CITY-ST-ZIP   Delete   TITLE   NAME   STREET ADDRESS   CITY-ST-ZIP   Delete   TITLE   NAME   NAME   STREET ADDRESS   CITY-ST-ZIP   Delete   TITLE   NAME   N	After M	ay 1, 2004 Fee will be \$550	.00 Trust Fund Cont	ribution.	. \$5. □ Add					
MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS S		<del></del>			1	ADDITIONS/0	CHANGES TO OFF	CERS AND		
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