## ANNUAL REPORT

## Sep 10, 2004 8:00 am Secretary of State **DOCUMENT # P03000103797** 07-29-2004 90006 037 \*\*\*150.00 GRANTS & BUSINESS WRITTERS USA INC. Meiling Address Principal Place of Business 2861 NORTH WEST 9TH STREET 2861 NORTH WEST 9TH STREET POMPANO BEACH, FL 33069 POMPANO BEACH, FL 33069 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 07232004 Chg-P 4., FELNumber Applied For City & State City & State Not Applicable Country \$8.75 Additional Ζiρ Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Name **BIGMALL, ANTHONY,** Street Address (P.O. Box Number is Not Acceptable) 2861 NORTH WEST 9TH STREET POMPANO BEACH, FL=33069 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 obligations of registered agent. 4.7 SIGNATURE (NOTE: Registered Agent eignature required when reinstating) DATE Signature spool or critical journe of registered ago FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 Signature typed or printed (some of registered agent and title if explicable. \$5.00 May Be 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. П Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Dalede THE Change Addition TILE NAME MCNEIL BIMALL, JOYCE NAME STREET ADDRESS STREET ADDRESS 2861 NORTH WEST 9TH STREET POMPANO BEACH, FL 33069 CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE ☐ Change TILE NAME **BIGMALL. ANTHONY** NAME STREET ADDRESS 2861 NORTH WEST 9TH STREET STREET ADDRESS CITY-ST-74P CITY-ST-ZIP POMPANO BEACH, FL 33069 ☐ Change Addition Deleta TITLE HEATH, THERESA MANE NAME STREET ADDRESS 2861 NORTH WEST 9TH STREET STREET ADDRESS POMPANO BEACH, FL 33069 CATTY-ST-ZIP CITY-51-709 Change Addition TILLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition Delete TITLE

12. I hereby certify that the information supplied with this filling 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 ceth; 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

NAME: STREET ADORESS

TTLE

MAME

Delete

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

☐ Addition

Change

NAME

TILE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP