

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2004 8:00 am
Secretary of State

03-18-2004 90007 037 ***150.00

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DOCUMENT # P03000104486
 1. Entity Name
2100 SW HAYWORTH AVENUE, INC.



Principal Place of Business
**132 SANTA BARBARA WAY
 PALM BEACH GARDENS FL 33410**

Mailing Address
**132 SANTA BARBARA WAY
 PALM BEACH GARDENS FL 33410**

66409930



MOORE CR2E034 (11/03)

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country

4. FEI Number
20-0285255

Applied For
 Not Applicable

5. Certificate of Status Desired \$9.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**DAMON, CONRAD
 4420 BEACON CIRCLE STE 100
 W PALM BEACH FL 33407**

7. Name and Address of New Registered Agent
 Name **DONALD PASCALE**
 Street Address (P.O. Box Number is Not Acceptable)
182 Santa Barbara Way
 City **Palm Beach Gardens** FL Zip Code **33410**

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 *[Signature]* **Donald Pascale, President** DATE

FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$250.00
 Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
President	Donald Pascale	182 Santa Barbara Way	Palm Beach Gardens, FL 33410	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *[Signature]* **Donald Pascale** Date _____ Daytime Phone # _____