2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 20, 2004 8:00 am Secretary of State

DOCUMENT # P03000107324 1. Entity Name UTOPIA HOLDINGS INC							08-20-2004	90008 034 ***	*150.00
Principal Plac 300 12TH AV APT # 4 ST PETERSBU	VENUE N E		Mailing Address P O BOX 4051 ST PETERSBURG,	•		1 TENETINI OF	1 00 2019 0 510 0 010 201 5	(721) 3 011) 10600 11170 11011	CINICEL IN LOND
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			08172004	Chg-P	CR2E034 (10/03	3)
City & State			City & State			4. FEI Number 20-0	2624	<i>→</i> →	Applied For Not Applicable
Zip	d t	Country	Zip	Cour	ntry	5. Certificate of	Status Desired	\$8.75 A	dditional
	6. Name	and Address of Currer	nt Registered Agent		I	7. Name and A	ddress of New Re	gistered Agent	
FNGMAN	AI AN				Name	,			-gr-11
ENGMAN, ALAN 300 12TH AVENUE N E APT # 4				Street Address (P.O. Box Number is Not Acceptable)					
ST PETERSBURG, FL 33701									
					City			FL Zip Co	ode
		ty submits this statement tered agent.	for the purpose of chang	ing its register	ed office or registe	red agent, or both,	in the State of Flori	ida. I am familiar wit	h, and accept
SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 9. Election Campaign Financing Trust Fund Contribution.					osina ČE			1	
	.,						In accordance wi corporation did n	ith s. 607.193(2)(b ot receive the pric	
	.,	ptember 8, 2004			☐ Ado	led to Fees o	corporation did n		r notice.
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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

TYPED OR PRIMED NAME OF SIGNING OFFICER OR DIRECTOR

Engma-17-04

(727) 224-8126

Daytime Phone #