2004 FOR PROFIT CORPORATION (ANNUAL REPORT

FILED Apr 12, 2004 8:00 am Secretary of State 04-12-2004 90239 027 ***150.00

02000100669

1. Entity Nam	ne	# P03000 REE, INC.	10966	8			04-12-200	04 90239 0	27 ***150	.00	
Principal Place of Business				Mailing Address					~ 4.0	001 11 8	
7166 AVOCADO BLVD W PALM BCH, FL 33412				7166 AVOCADO BLVD W PALM BCH, FL. 33412			54030174				
2. Principal Place of Business			3.	3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.;			04 C hg-P	CR2E	034 (10/03)	11889 11 1881	
City & State				City & State :	4. 53 %	·	202	Ap	plied For		
Zip				Zip	Country	S. Certific	cate of Status Desir	<u>∝∪∝</u> ::	\$8.75 Add	ot Applicable	
	6. Name	and Address of Cu	rrent Regis	tered Agent		7. Name	and Address of Ne	w Registered		u	
	2			,	Name			riegipieieu	gant		
HERNANDEZ, CHERYL 7166 AVOCADO BLVD W PALM BCH, FL 33412						(D.O. F 11					
				• .	Street Addr	Street Address (P.O. Box Number is Not Acceptable)					
				• • •	100						
					Citý		<u> </u>	FI	Zip Code	e	
	named entit tions of regist		ent for the p	purpose of changing its reg	istered office or reg	gistered agent, o	r both, in the State o	of Florida. ⊥an	n familiar with,	and accept	
SIGNATURE.	Signature, typed	of printed name of registered	l agent and trie	I applicable.	gistered Agent signature in	equired when reinstaining	 n)	DATE			
FIL After M	E NOW!!! ay 1, 2004	FEE IS \$150.00 4 Fee will be \$5	50.00	9. Election Campaign F Trust Fund Contribut		\$5.00 May Be Added to Fees					
10.	10001	OFFICERS	AND DIREC		11.	ADDITIO	NS/CHANGES TO	OFFICERS AN			
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	certify that the	e information supplied it or supplemental rea	d with this fi	ling does not qualify for the		in Section 119.07 the same lengt	7(3)(i), Florida Statu effect as if made un	tes. I further ce	ertify that the in	nformation or director	

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 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 AND TYPED OR PRINTED NAME OF SIGNING OF MICE OR DIRECTOR

1/8/04 (574) 279-7827 x Dayline Phone s 408