2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 16, 2004 8:00 am Secretary of State

DOCUMENT # P03000112254 1. Entity Name TEAM MAILBOXES, INC.)	03-16-2004	4 90035 00	01 ***15	0.00	
Principal Place of Business Ma			Mailing Address	Mailing Address				••••			
			1937 PALM DR								
CLEARWATER, FL 33763 CLEARWATER, FL 33763											
Principal Place of Business											
2. Principal Place of Business 3.			3. Mailing Address	3. Mailing Address					I KARI BIIII BIBI		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		.)	03012004	Chg-P	CR2E03	4 (10/03)			
City & State			City & State	City & State			05691		<u> </u>	plied For t Applicable	
Zip	ip Country		Zip	Zip Countr		5 Certificate of Status Desired \$8.75 Additional			itional		
6. Name and Address of Current Regis			t Registered Agent	stered Agent			7. Name and Address of New Registered Agent				
	***************************************		<u> </u>		Name						
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST.			<u> </u>	Street Address			is Not Acceptable	e)			
4TH FLOOR											
MIAMI, FL	33145								T = -		
					City FL Zip Code						
	named entitions of regis		for the purpose of changing it	s register	ed office or registe	ered agent, or both	, in the State of Fk	orida. I am fa	miliar with, a	and accept	
SIGNATURE	Signalure, typed	d or printed name of registered age	nt and title if applicable. (NO	TE: Registere	ed Agent signature require	red when reinstating)		DATE			
	FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5 Trust Fund Contribution. Add										
FIL After Ma	E NOW!!! ay 1, 200	FEE IS \$150.00 4 Fee will be \$550				5.00 May Be dded to Fees					
After Ma	ay 1, 200	4 Fee will be \$550	D DIRECTORS	ntribution.	□ Ād	ided to Fees	CHANGES TO OFF				
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The recry definity that the information supplied with this limits does not quality on the exemption stated in 3 section. The recry that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under outh; 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 OFFICER OR DIRECTOR

3/12/04 727-542-1085