2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

SIGNATURE AND TYPED OR PRINTER

## Feb 24, 2004 8:00 am **Secretary of State DOCUMENT # P03000116488** 1. Entity Name 02-24-2004 90013 011 \*\*\*150.00 SPATIQUE, INC. Principal Place of Business Mailing Address 3900-HOLLYWOOD BLVD. 3900 HOLLYWOOD BLVD. SUITE 103 HOLLYWOOD FL 33021 S<del>UITE 103-</del> HO<del>LLYWOOD FL 330</del>21 2. Principal Place of Business Mailing Address 58 Clut Movre Rd ite, Apt. #, etc. Suite, Apt. #, etc MOORE CR2E034 (11/03) Applied For 4. FEI Number 20045847 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Palm Beach Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Hickman FEDER, LAWRENCE H-ESQ. ddress (P.O. Box Number is Not Acceptable) 3900 HOLLYWOOD BLVD. SUITE-1037 HOLLYWOOD FL 33021 Boses Resto 8. The above named entity submits this statement for the purpose of changing its registered office or registered ag ate of Florida. I am familiar with, and accept the obligations of registered agent. 244 SIGNATURE (NOTE: Register FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. President Director Addition ☐ Change TITLE ☐ Delete TITLE Scott Aronerty 9858 Clint moore Rd, C-17 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCH RATION Change Addition ☐ Delete TITLE TITLE Jainet theken NAME NAME asso clint moore Road, 6-17 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ΝΑМΕ STREET ADDRESS assis court movie Pd STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOEA MOZON ☐ Delete TITLE Š/D Maddy Dubin NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

LER OR DIRECTOR

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