
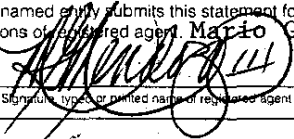
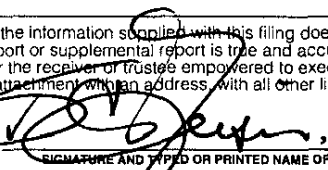


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90275 027 \*\*\*150.00

<b>DOCUMENT # P03000121153</b>					
<b>1. Entity Name</b> THE REISER GROUP, INC.					
<b>Principal Place of Business</b> 1785 SHOWER TREE WAY WELLINGTON, FL 33414--583 US			<b>Mailing Address</b> 1785 SHOWER TREE WAY WELLINGTON, FL 33414--583 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> c/o Mario G. de Mendoza, III, PA			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 12765 Forest Hill Blvd, #1302			
City & State		City & State Wellington, FL		4. FEI Number 30-0225663	
Zip 33414		Country USA		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  REISER, STEPHEN C 1785 SHOWER TREE WAY WELLINGTON, FL 33414			<b>7. Name and Address of New Registered Agent</b> Name Mario G. de Mendoza, III, P.A. Street Address (P.O. Box Number is Not Acceptable) 12765 Forest Hill Boulevard Suite 1302 City Wellington FL Zip Code 33414		
<b>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, Mario G. de Mendoza, III, P.A.</b> SIGNATURE  , Mario G. de Mendoza, III, President 4/21/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE P NAME REISER, STEPHEN C STREET ADDRESS 1785 SHOWER TREE WAY CITY-ST-ZIP WELLINGTON, FL 33414	<input type="checkbox"/> Delete		TITLE D/S NAME REISER, STEPHEN C. STREET ADDRESS 1785 SHOWER TREE WAY CITY-ST-ZIP WELLINGTON, FL 33414	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VP NAME REISER, LINDA R STREET ADDRESS 1785 SHOWER TREE WAY CITY-ST-ZIP WELLINGTON, FL 33414	<input type="checkbox"/> Delete		TITLE D/T NAME REISER, LINDA R. STREET ADDRESS 1785 SHOWER TREE WAY CITY-ST-ZIP WELLINGTON, FL 33414	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b>  , Stephen C. Reiser, President 4/26/04 (561) 793-6795 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					