2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Apr 23, 2004 8:00 am Secretary of State

Some and Address of Current Registered Agent   Some and Address of New Registered Agent   Some and Address of New Registered Agent   Some and Address of New Registered Agent   Name and Address	•	MENT # P03000136	893		Secretary of State
207 I. NW 97 STREET MIAM FL 33147  Principal Place of Business  Sules Apt 8, etc.  Sules	#00 / L Q		, , , <del>, , , , , , , , , , , , , , , , </del>		04-08-2004 90009 050 ***150.00
MIAMI FL 33147  Principal Place of Business  Suler ADL R, etc.  Done O'4 S State  City & State  Described of Christopher of Repulsed Agent  Name and Address of Current Registered Agent  PAYTEE, WILLIAM A 2171 NW 97 STREET  MIAMI FL 33147  City FL Zip Code  To Congrid the Address of New Registered Agent  City FL Zip Code	rincipal Plac	e of Business	Mailing Address		-
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S. Conflictate of Status Desired   Fee Required    9. Name and Address of Current Registered Agant    7. Name and Address of New Registered Agant    Name				Country	20-0435 874 Not Applicab
PAYTEE, WILLIAM A 2171 NW 97 STREET MIAMI FL 33147  City FL Zip Code  The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and acce the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acce the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acce the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acce the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acce the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acce the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acce the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acce the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acce the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acce the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acce the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acce the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acce the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acce the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acce the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acce the obligations of registered agent, or both, in the State of Florida.  [Charge Part Registered agent, or both, in the State of Florida.  [Charge Part Registered agent, or both, in the State of Florida.  [Charge Part Registered agent, or both, in the State of Florida.  [Charge Part Registered ag				Country	5. Certificate of Status Desired Fee Required
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City FL Zip Code  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 acce the obligations of registered agent, by both in the State of Florida. I am familiar with, and acce the obligations of registered agent, by both in the State of Florida. I am familiar with, and acce the obligations of registered agent, by both in the State of Florida. I am familiar with, and acce the obligation of registered agent.  CNATURE  Signature, types of principles of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acce the obligation of registered agent.  CNATURE  Signature, types of principles and other agriculture with a spaticable.  (NOTE Registered agent, or both, in the State of Florida. I am familiar with, and acce the obligation of registered agent, or both, in the State of Florida. I am familiar with, and acce the obligation of registered agent, or both, in the State of Florida. I am familiar with, and acce the obligation of registered agent, or both, in the State of Florida. I am familiar with, and acce the obligation of registered agent, or both, in the State of Florida. I am familiar with, and acce the obligation of registered agent, or both, in the State of Florida. I am familiar with, and acce the obligation of registered agent, or both, in the State of Florida.  Signature, type of principles and of Florida agent and the agent and the agent and the agent and the state of Florida.  Signature agent and the state of Florida agent and the ag	217	1 NW 97 STREET		Street Address	(P.O. Box.Number is Not Acceptable)
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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 direct	vaime Street Address City-St-Zip Ittle		L_I Delete	NAME STREET ADDRESS	☐ Change ☐ Addiu