1.

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000139824								FILE		١	
L.R. MORDAN, CORP.								OCT -4			
1750 NW 27TH AVE #305				Mailing Address 1750 NW 27TH AVE #305 MIAMI, FL 33125			SEC	CRETARY OF LAHASSEE	FSFATE FLORID	ħ.	
Principal Place of Business 3. Mailing Address											
Suite. Apt. #, e	Suite,	Suite, Apt. #, etc.				Chg-P	CR2E0:	34 (10/03)			
City & State		City 8	City & State			4. FEI Numb	- 042 93	 501		oplied For of Applicable	
Zip	Country				Coun	ntry	•	e of Status Desired		\$8.75 Add	ditional
(Name and Address of Current Registered Agent						7. Name and	d Address of New	Registered A	gent	
EMPIRE CORPORATE KIT OF AMERICA, INC.						Name Street Address (P.O. Box Number is Not Acceptable)					
2444 NW 7TH PLACE MIAMI, FL 33127						oneet Address (1.0. Box Number is Not Acceptable)					
						City	, -,		FL	Zip Code	
 8. The above named entity submits this statement for the purpose of changing its registered office or register the obligations of recommend. 							tered agent, or bo	oth, in the State of F	lorida. I am f	amiliar with,	and accept
SIGNATUR											·
bire, typed or printed name of registered were also title if applicable. (NOTE: Registered Agent signature required								<u> </u>	DATE	······································	
FILE NOWIIT FEE IS \$150.00 Due by September 8, 2004 9. Election Campaign Financing Trust Fund Contribution.						~ ~ ~	5.00 May Be dded to Fees	In accordance corporation di	with s. 607. d not receive	193(2)(b), the prior r	F.S., the notice.
10.		OFFICERS AND	DIRECTOR	S Delete	11. TITU		ADDITIONS	/CHANGES TO OF	FICERS AND		
NAME MORDAN, LEONARDO R STREET ADDRESS 1750 NW 27TH AVE #305						EET ADDRESS -ST-ZIP	8	:0004] 14/04010	L58 <u>2</u>	□ Change	Addition
TITLE	IIAIVII, 1°E	33123	☐ Delete	TITL		11371	<u> 14/11411111</u>	<u> 18UU5</u>	**151 ☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP						EET ADDRESS -ST-ZIP					
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CITY-ST-ZIP		-				-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-S1-ZIP				☐ Dolete		l l				☐ Change	Addition Addition
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.											
SIGNATURE: SIMMATURE AND TYPED OR PRINTED NAME OF SIGNANG GEFFER OR DIRECTOR DOGS											
SISTATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #											