2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Jan 20, 2004 8:00 am Secretary of State

1. Entity Nam	e	# P03000142 risor, corp.			01-20-200	4 90071 0	16 ***15	50.00		
Principal Place 1801 S. TRE NORTH BAY	ASURE DRIVE			oddress . TREASURE DRIVE #319 BAY VILLAGE, FL 33141						•
2. Principal P	Place of Busine	ess _								
750, Suite, Apt.	#, etc.	seafurs In	Suite, Apt. #, etc.			01072004	Chg-P	CR2E034		
City & State NBM TH BAT VILLAGE			City & State NOT SS7 VIUS & C			4. FEI Number Applied For Not Applied For Not Applied For				
Zip F		Country.	33141	Count			of Status Desired	\$	8.75 Add	itional
	6. Name	and Address of Current	Registered Agent		<u></u>	7. Name and	Address of New F			
			Name	.						
	REASURE	DRIVE #319 GE, FL 33141		Street Address	ress (P.O. Box Number is Not Acceptable)					
				City			FL	Zip Code	3 ,	
8 The above namen explin 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida.										
SIGNATURE	Signature, typed o	or printed name of registered agen	and title if continable (AIOI	E: Daoistera	d Agent signature requir	and uthan rainstation)		1/13/1	<i></i>	
FIL	E NOW!!!	PEE IS \$150.00 I Fee will be \$550.	9. Election Campa	ign Finan	ncing.s _; \$!	5.00 May Be				-
10.		OFFICERS AND	DIRECTORS	11.	-	- ADDITIONS	CHANGES TO OFF	ICERS AND D	DIRECTORS	S IN 11
TITLE .	PSTD		☐ Delete	TITLE					Change	Addition
NAME STREET ADDRESS	NUNEZ, NILDO D MR. RESS 1801 S. TREASURE DRIVE #319				E ET ADORESS					Ì
CITY-ST-ZIP										
TITLE			☐ Delete	TITLE					Change	Addition
NAME				NAM	_					
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP					
TITLE	<u> </u>		Delete	TITLE					☐ Change	Addition
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CITY-ST-ZIP				CITY	-ST-ZIP					
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STREET ADDRESS CITY-ST-ZIP			1		ET ADDRESS -ST-ZIP					
TITLE			Delete	TITLE					☐ Change	Addition :
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STREET ADDRESS					ET ADDRESS		•			
CJTY-ST-ZIP	<u> </u>				-ST-ZIP					
12. I hereby indicated	certify that the	or supplemental report	in this filling does not qualify for the true and accurate and that	my signa	mption stated in ture shall have th	section 119.07(3) le same legal effe	itt), Florida Statutes. ct as if made under	oath; that I an	y that the ir n an officer	or director
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 his report or supplemental report as rule 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 empoyeered 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 (486)2903833 //1/04										

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR