2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 28, 2004 8:00 am Secretary of State

DOCUI 1. Entity Name WRITE OI		/94 			07-28-2004	l 90016 010 ***1 <i>5</i>	50.00
Principal Place		Mailing Address					
1501 LIONS CLUB DR BRANDON, FL 33511		1501 LIONS CLUB DR Brandon, FL 33511		11400000		54065191	1981 et 1 08 1
2. Principal Place of Business 3.		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07142004	Chg-P	CR2E034 (10/03)	
City & State		City & State		4. FEI Number	<u> 2414213 -</u>	·	plied For t Applicable.
Zip	Country	Zip	Country	5. Certificate	of Status Desired	\$8.75 Add Fee Required	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent							
SDIEGEI 8	UTRERA, P.A.		Name				
1840 SW 2	2ND ST		Street Addr	Street Address (P.O. Box Number is Not Acceptable)			
MIAMI, FL	33145 -						
	, ·		City			FL Zip Code	9
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered office or re	gistered agent, or bo	th, in the State of Flo	orida. I am familiar with,	and accept
SIGNATURE_		ACT TO SECUL	Find and Annual Control			DATE	<u>.</u>
, ř	Signature, typed or printed name of registered agent a	ind tale if applicable, (NOTE	: Registered Agent signature r	adnead wish (duzaring)		DAIL	
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 9. Election Campai Trust Fund Control				\$5.00 May Be Added to Fees	In accordance v corporation did	with s. 607.193(2)(b), not receive the prior r	F.S., the notice.
- 10.	r e OFFICERS AND		11.	ADDITIONS	CHANGES TO OFF	ICERS AND DIRECTORS	
NAME STREET ADDRESS	PSTD BREWINGTON, LAQUINDA P 1501 LIONS CLUB DR	☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	☐ Addition
CITY-ST-ZIP	BRANDON, FL 33511	☐ Delete	CITY-SI-ZIP TITLE			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	ή : :	Delece	NAME STREET ADDRESS CITY-ST-ZIP			C. G. Walde	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	i A	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	Change	Addition
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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 AND TYPED OR PRINTED MADE OF SIGNING OFFICER OR DIRECTOR