## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

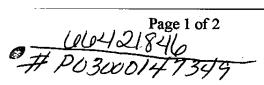
SIGNATURE

## 04-23-2004 90228 003 \*\*\*158.75 **DOCUMENT # P03000147349** 1. Entity Name UNIVERSAL SEALING APPLICATIONS, INC. Principal Place of Business Mailing Address 66421846 7236 NW 72ND AVE 7236 NW 72ND AVE MIAMI, FL 33166 MIAMI, FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 04202004 Cha-P Applied For City & State City & State Not Applicable Zip Country Zin Country Fee Required 6:-Name and Address of Current Registered Agent -7.-Name and Address of New Registered Agent ----HOLDEN, GEORGE Street Address (P.O. Box Number is Not Acceptable) 11800 BERRY DRIVE COOPER CITY, FL 33126 City Zip Code 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. SIGNATURE Signature, typed or printed name of registered spere and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550,00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition HOLDEN, GEORGE STREET ADDRESS 11800 BERRY DRIVE STREET ADDRESS CITY-ST-ZIP COOPER CITY, FL 33126 CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TATLE Delete TITLE Channe \_\_\_\_Addition NAME MALE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITLE ☐ Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78 MLE ☐ Change Addition ☐ Detete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

**FILED** 

May 14, 2004 8:00 am Secretary of State





Form SS-4	Applicati	plication for Employer Identification Number				EIN			
(Rev. December 2001) (For use by e			y employe	employers, corporations, partnerships, trusts, estates, chart agencies, Indian tribal entities, certain individuals, and of			20-0	499104	
Treasury Internal Revenue S	easury  See separate instructions for each line.   Keep a copy for you						OMB No. 1545-0003		
1° Legal name of entity (or individual) for whom the EIN is being requested UNIVERSAL SEALING APPLICATIONS LLC									
2 Trade name of business (if different from name on line 1)					3 Executor, trustee, "care of" name				
4a* Mailing address (room, apt., suite no. and street, or P.O. box) 7236 NW 72ND AVE					5a Street address (if different) (Do not enter a P.O. box)				
4b* City, state, and ZIP code MIAMI FL 33166 -					5b City, state, and ZIP code				
6° County and s County DA	tate where princi DE State FL	pal business is loca	ated						
7a* Name of principal officer, general partner, grantor, owner, or trustor GEORGE HOLDEN 7b* SSN, ITIN, EIN 526-44-9361									
8a* Type of entity (check only one)  Sole Proprietor (SSN)  Partnership  Corporation (enter form number to be filed) ▶ 1120  Personal Service  Church or church-controlled organization  Other nonprofit organization (specify) ▶  Other (specify) ▶  Estate (SSN of decedent)  National Guard  National Guard  Farmers' cooperative  Federal government/military  REMIC  Group Exemption NO. (GEN) ▶								prises	
8b* If a corporation, name the state or foreign country (if applicable) where incorporated FL						Foreign countr	Foreign country		
9° Reason for applying (check only one)  Started new business (specify type)  CORPORATION  Compliance with IRS withholding regulations  Other (specify)  DEC 4 2003  Banking purpose (specify purpose)  Changed type of organization (specify new type)  Changed type of organization (sp									
12 First date way income will first b	es or annuities v paid to nonresi	vere paid or will be dent alien. (month,	paid (mont	th, day, year) Mo	te If annlicant is a withhol	ding agent, enter date			
income will first be paid to nonresident alien. (month, day, year)							Household 0	Other 1	
14° Check box that best describes the principal activity of your business  Construction Real estate Other (specify)  Taking principal line of merchandise sold; specific construction work done; products produced; or services provided.							Wholesale-agent/broker     Wholesale-other		
16a* Has the app	icant ever apolie	ed for an employer			s or any other business?.		s 🗀 No		
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.  Legal name  UNITED SEAL ASSOCIATION LLC  Trade name									
						identification number Previous EIN 65 - 0761405	ious EIN		
Complete section only if you want to authorize the named individual to receive the entity's EIN and enswer questions about the completion of this form									
Party	Designee's name						Designee's telephone number (include area code)  ( ) - Designee's fax number (include area code) ( ) -		
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.						** /	Applicant's telephone number (include area code)		
Name and title (type or print clearly) <u>JEFFREY D LEMKE CPA</u> Signature  Not Required  Date  December 19, 2003 GMT						Applicant's fax	( 954 ) 938 - 9327 Applicant's fax number (include area code)		