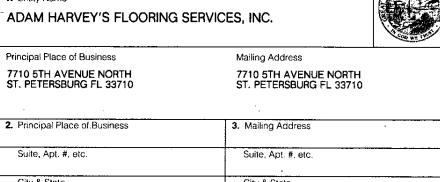
2004-FOR-PROFIT-CORPORATION **ANNUAL REPORT (AR)**

DOCUMENT # P03000147896

•1. Entity Name



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

04-28-2004 90222 022 ***150.00

TANTANAA.



							 				
2. Principal Place of Business			3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			MOORE CR2E034 (11/03)				
City & State			City & State	City & State			El Number 17-0617099			plied For t Applicable	
Zip	Zip Country		Zip ,	Zip Coun		5. C	5. Certificate of Status Desired		\$8.75 Additional Fee Required		
Name and Address of Current Registered Agent						7. N	lame and Address of New Regist	ered Ag	ent		
					Name						
668	0 GULF B	(I, PATTI BROW OULEVARD ACH FL 33706	'N .	Street Address		Idress (P.O. B	s (P.O. Box Number is Not Acceptable)				
					City FL Zip Code					9	
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 of printed name of registered agent and life if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
FILE NOW!!!FEE IS \$150.00. After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State.							Election Campaign Financin Trust Fund Contribution.	g 🗀		O May Be to Fees	
10.		OFFICERS A	ND DIRECTORS	DIRECTORS 11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
NAME STREET ADDRESS CITY-ST-ZIP		DAM VENUE NORTH BURG FL 33710	☐ Delete		1			[Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	ţ	4::	☐ Delete		ļ] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete			·*			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		•	☐ Defete					C	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	partify that the	information supplied	☐ Delete	CITY	EET ADDRESS - ST- ZIP	ad in Section 1	19.07(3)(i), Florida Statutes. I furthi		Change	Addition	

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:

Wat / Darly
URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR