2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Aug 09, 2004 8:00 am Secretary of State

1. Entity Nam	MENT # P03000156			08-09-200	4 90005	016 ***1	58.75		
Principal Place of Business 5802 TYLER STREET HOLLYWOOD, FL 33026 Mailing Address 5802 TYLER STREET HOLLYWOOD, FL 33026 Mailing Address HOLLYWOOD, FL 3302			26				4067		 10 10 1
2. Principal P	Place of Business	3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			08062004	Chg-P		34 (10/03)	1001 11 11 11
City & State		City & State			4. FEI Numbe	36705		 	plied For t Applicable
Zip	Country	Zip	Count	ry		of Status Desired		\$8.75 Add	itional
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
ZIFF, RICHARD L 5802 TYLER STREET HOLLYWOOD, FL 33026				Name					
				Street Address (P.O. 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 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 agen	nt and title if applicable. (NOT	E: Registered	Agent signature required	d when reinstating)		DATE		
	LE NOW!!! FEE IS \$150.00 ue by September 8, 2004		.00 May Be led to Fees	In accordance v corporation did	vith s. 607 not receive	.193(2)(b), e the prior r	F.S., the notice.		
10.	OFFICERS AND	11.		ADDITIONS/0	CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZIFF, RICHARD L 5802 TYLER STREET HOLLYWOOD, FL 33021	☐ Oelete		f				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ZIFF, RICHARD L 5802 TYLER STREET HOLLYWOOD, FL 33021	☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		. l				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	1					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		· · · · · · · · · · · · · · · · · · ·				Change	Addition
NAME		☐ Delete	TITLENAME					Change	Addition
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS ST-ZIP					
12. I hereby of indicated of the cor	certify that the information supplied will fon this report or supplemental report poration or the receiver or trustee emp	th this filing does not qualify for is true and accurate and that reported to execute this report	or the exer my signati t as requir	nption stated in Seure shall have the ed by Chapter 60	ection 119.07(3)(i same legal effect 7, Florida Statutes), Florida Statutes. t as if made under of the state of t	I further cer oath; that I a e appears in	tify that the in am an officer n Block 10 or	or director Block 11 if