

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000154141</b> <small>1. Entity Name</small> <b>AD EXCELLENCE, INC.</b>					
<small>Principal Place of Business</small> <b>1055 HARRISON ST HOLLYWOOD, FL 33019</b>			<small>Mailing Address</small> <b>1055 HARRISON ST HOLLYWOOD, FL 33019</b>		
<small>2. Principal Place of Business</small> Suite, Apt. #, etc.			<small>3. Mailing Address</small> Suite, Apt. #, etc.		
<small>City &amp; State</small>			<small>City &amp; State</small>		
<small>Zip</small>		<small>Country</small>		<small>4. FEI Number</small>	
<small>Zip</small>		<small>Country</small>		<small>5. Certificate of Status Desired</small> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<small>6. Name and Address of Current Registered Agent</small>  <b>GOLDMAN, RICK B 1055 HARRISON ST HOLLYWOOD, FL 33019</b>				<small>7. Name and Address of New Registered Agent</small> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code	
<small>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.</small>  SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			<small>9. Election Campaign Financing Trust Fund Contribution.</small> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<small>10. OFFICERS AND DIRECTORS</small>			<small>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</small>		
<small>TITLE</small> P <small>NAME</small> CONHA, ELIZABETH <small>STREET ADDRESS</small> 1055 HARRISON ST <small>CITY-ST-ZIP</small> HOLLYWOOD, FL 33019	<input type="checkbox"/> Delete		<small>TITLE</small>  <small>NAME</small>  <small>STREET ADDRESS</small>  <small>CITY-ST-ZIP</small> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> V <small>NAME</small> GOLDMAN, RICK B <small>STREET ADDRESS</small> 1055 HARRISON ST <small>CITY-ST-ZIP</small> HOLLYWOOD, FL 33019	<input type="checkbox"/> Delete		<small>TITLE</small>  <small>NAME</small>  <small>STREET ADDRESS</small>  <small>CITY-ST-ZIP</small> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000000044948 02/11/04-80043-001 150.00	
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<small>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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.</small>					
<b>SIGNATURE:</b> <u>Rick Goldman VP</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/4/04 9549204334 <small>DATE Daytime Phone #</small>		