2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 8:00 am Secretary of State

PRICE BY THE ADDRESS AND DESCRIPTIONS SOUR ADDRESS AND DESCRI	1. Entity Nam	MENT # PU3UUU 13 "URMAN, INC.	4652		0.5	5-03-2004	4 90436 019	***150.00)
1996 FAMSHIRE AVE NE PLM BAY, FL 32905 P	Principal Place	e of Business							
Suite, Act. 4, etc. Sate Cry & State Cry & State Cry & State Cry & State Applied For				_		, y · · · · · ·			
City & State City & State City	2. Principal P	lace of Business	3. Mailing Address	3. Mailing Address					: !
ZP Country	Suite, Apt.	#, etc.			03292004 Ch	g-P	CR2E034 (10	(03)	
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TURMAN BRUCE 1196 HAMSHIRE AVE NE PALM BAY, FL 32905 Street Address (P.O. Box Number is Not Acceptable) Cay FL Zo Code Cay FL Zo Code B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the etalgisators of registered agent. SIGNATURE Bywars, have or prime with a statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the etalgisators of registered agent. BOTE Registered Agent Agent registered agent, or both, in the State of Fiorida. I am familiar with, and accept the etalgisators of registered agent. BOTE Registered Agent Registered agent, or both, in the State of Fiorida. I am familiar with, and accept the etalgisators of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the etalgisators of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the etalgisators of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the etalgisators of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the etalgisators of registered agent, or both, in the State of Fiorida. I am familiar with and accept the etalgisators of registered agent, or both, in the State of Fiorida. I am familiar with and accept the etalgister of the state of Fiorida. I am familiar with a decision of the state of Fiorida agent agen	City & State		City & State		4. FEI Number 20	>-05	511368		
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