


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

03-09-2004 90029 008 ***150.00

DOCUMENT # P03000157734 1. Entity Name THOMAS L. SMITHA, CPA, P.A.	
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Principal Place of Business 2845 NE 9TH STREET, SUITE 804 FORT LAUDERDALE FL 33304 US	Mailing Address 2845 NE 9TH STREET, SUITE 804 FORT LAUDERDALE FL 33304 US
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2. Principal Place of Business 303 SE 13TH STREET SUITE 303	3. Mailing Address 303 SE 13TH STREET SUITE 303
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MOORE CR2E034 (11/03)

City & State DANIA BEACH, FL Zip 33004 Country USA	City & State DANIA BEACH, FL Zip 33004 Country USA
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4. FEI Number <input type="checkbox"/> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

SMITHA, THOMAS L
 2845 NE 9TH STREET, SUITE 804
 FORT LAUDERDALE FL 33304

7. Name and Address of New Registered Agent

Name - THOMAS L SMITHA
 Street Address (P.O. Box Number is Not Acceptable)
 303 SE 13TH STREET, SUITE 303
 City DANIA BEACH FL Zip Code 33004

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]* THOMAS L. SMITHA CPA DATE 3/4/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	SMITHA, THOMAS L
STREET ADDRESS	2845 NE 9TH STREET, SUITE 804
CITY-ST-ZIP	FORT LAUDERDALE FL 33304
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS L SMITHA
STREET ADDRESS	303 SE 13TH STREET SUITE 303
CITY-ST-ZIP	DANIA BEACH, FL 33004
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: *[Signature]* THOMAS L SMITHA DATE 3/4/04 DAYTIME PHONE # 954 593-9152

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR