
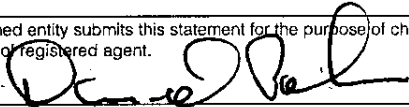
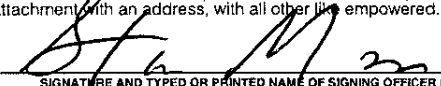


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90032 001 ***150.00

DOCUMENT # P36369 1. Entity Name SOLDAN CORP.			
Principal Place of Business 14502 N DALE MABRY SUITE 303 TAMPA, FL 33618		Mailing Address 14502 N DALE MABRY SUITE 303 TAMPA, FL 33618	
2. Principal Place of Business 2700 N. MILITARY TRAIL SUITE 230 BOCA RATON, FL 33431		3. Mailing Address 2700 N. MILITARY TRAIL SUITE 230 BOCA RATON, FL 33431	
4. FEI Number 59-3094724		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 110 NORTH MAGNOLIA STREET TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name POLEN DAVID M Street Address (P.O. Box Number is Not Acceptable) 7134 MELROSE CASTLE LANE City BOCA RATON FL 33496	
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  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD POLEN, DAVID M. 14502 N. DALE MABRY TAMPA, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POLEN, DAVID M. 7134 MELROSE CASTLE LANE BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO/CFO STAN C. MOSS 2914 BANYAN BLVD CIRCLE NW BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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: 		3/31/04 561 241 2425	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	