2004 FOR PROFIT CORPORATION

ANNUAL REPORT				. Int 00 2004 02:00 AM		
1. Entity Nam	MENT # P37374			Jul 09, 2004 08:00 AM Secretary of State		
Principal Place of Business Mailing Address  175 WORTH AVENUE 3 EAST 54TH ST  PALM BEACH, FL 33840 US 3RD FLOOR NEW YORK, NY 10022 US						
D	O NOT WRITE	CE	07072004 4. FEI Numb 13-363 5. Certificate	No Chg-P	CR2E034 (10/03)  Applied For Not Applicable  \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent						
1201 HAY: SUITE 105	NTICE-HALL CORPORATION SY S STREET 5 SSEE, FL 32301	_		NOT WE		
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  Species, typed or printed name of registered agent and life 6 applicable. (NOTE, Segistered Agent agenture required when remarking)  DATE						
FILE NOW!!! FEE IS \$150.00  Due by September 8, 2004  Squature, typector printed name of registered agent and lefe & applicable. (NOTE. Registered  9. Election Campaign Final Trust Fund Contribution.			ncing \$	5.00 May 8e ded to Fees	in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10.	ÖFFICERS AND DI	RECTORS	<b>I</b>			
BRE NAME STREET ABORESS	PD WEXLER, ROBERT J 131 LEXINGTON AVENUE				U00000	#55/14 50017-012 150.00
TITLE NAME STRILT ADDRESS CITY-ST-JP	NEW YORK, NY STD WEXLER, DAVID 3 EAST 54TH STREET NEW YORK, NY 10022		<b>-</b> .		i nivenviali	<u>-00</u> 117712 150.00
TITLE D  NAME FLISHWASSER, DANIEL M  STREET ADDRESS 3 EAST 54TH STREET  CITY-ST-ZIP NEW YORK, NY 10022			DO NOT WRITE IN THIS SPACE			
RAME STREET ADDRESS CITY-ST-ZIP				HV		HOE
STREET ADDRESS						

12. I hereby certify that the information supplied with this filling 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 supplied with this filling 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 supplied with an an officer or director of the corporation or the receiptor for trusted 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:

TITLE NAME STREET ADDRESS CATY-ST-ZIP

ROBERT WEXLER

212 758 60 22 Daysine Phone #

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