

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90160 005 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |                                                                                  |                                                                                              |                                                                                                 |                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-------------------------------------|
| <b>DOCUMENT # P92000008527</b><br>1. Entity Name<br><b>THE MORRIS FUTERNICK COMPANY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 |                                                                                  |                                                                                              |                |                                     |
| Principal Place of Business<br><b>% MORRIS FUTERNICK<br/>2 GROVE ISLE DR., #1509<br/>MIAMI, FL 33133</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 |                                                                                  | Mailing Address<br><b>% MORRIS FUTERNICK<br/>2 GROVE ISLE DR., #1509<br/>MIAMI, FL 33133</b> |                                                                                                 |                                     |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 | 3. Mailing Address                                                               |                                                                                              |                                                                                                 |                                     |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 | Suite, Apt. #, etc.                                                              |                                                                                              |                                                                                                 |                                     |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 | City & State                                                                     |                                                                                              | 4. FEI Number<br><b>65-0374849</b>                                                              |                                     |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 | Country                                                                          |                                                                                              | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                     |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |                                                                                  |                                                                                              | 7. Name and Address of New Registered Agent                                                     |                                     |
| <b>FUTERNICK, MORRIS<br/>2 GROVE ISLE DR.<br/>#1509<br/>MIAMI, FL 33133</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 |                                                                                  |                                                                                              | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code           |                                     |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 |                                                                                  |                                                                                              |                                                                                                 |                                     |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |                                                                                              | <b>\$5.00 May Be Added to Fees</b>                                                              |                                     |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 |                                                                                  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                        |                                                                                                 |                                     |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DPS                             |                                                                                  | TITLE                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |                                     |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | FUTERNICK, MORRIS               |                                                                                  | NAME                                                                                         |                                                                                                 |                                     |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2 GROVE ISLE DR 1509            |                                                                                  | STREET ADDRESS                                                                               |                                                                                                 |                                     |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | MIAMI, FL                       |                                                                                  | CITY-ST-ZIP                                                                                  |                                                                                                 |                                     |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete |                                                                                  | TITLE                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |                                     |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                                                                                  | NAME                                                                                         |                                                                                                 |                                     |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |                                                                                  | STREET ADDRESS                                                                               |                                                                                                 |                                     |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 |                                                                                  | CITY-ST-ZIP                                                                                  |                                                                                                 |                                     |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete |                                                                                  | TITLE                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |                                     |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                                                                                  | NAME                                                                                         |                                                                                                 |                                     |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |                                                                                  | STREET ADDRESS                                                                               |                                                                                                 |                                     |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 |                                                                                  | CITY-ST-ZIP                                                                                  |                                                                                                 |                                     |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete |                                                                                  | TITLE                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |                                     |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                                                                                  | NAME                                                                                         |                                                                                                 |                                     |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |                                                                                  | STREET ADDRESS                                                                               |                                                                                                 |                                     |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 |                                                                                  | CITY-ST-ZIP                                                                                  |                                                                                                 |                                     |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete |                                                                                  | TITLE                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |                                     |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                                                                                  | NAME                                                                                         |                                                                                                 |                                     |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |                                                                                  | STREET ADDRESS                                                                               |                                                                                                 |                                     |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 |                                                                                  | 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 persons empowered. |                                 |                                                                                  |                                                                                              |                                                                                                 |                                     |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 |                                                                                  | Date <b>4/28/04</b>                                                                          |                                                                                                 | Daytime Phone # <b>305-685-0325</b> |