2004 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 02, 2004 08:00 AM DOCUMENT # P92000012963 **Secretary of State** 7900 BISCAYNE CORP. Principal Place of Business Mailing Address % GREENWALD % GREENWALD 1320 S. DIXIE HWY. #781 1320 S. DIXIE HWY. #781 CORAL GABLES, FL 33146 CORAL GABLES, FL 33146 01222004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0415466 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GREENWALD, ALLEN DO NOT WRITE 1320 SOUTH DIXIE HIGHWAY #781 IN THIS SPACE CORAL GABLES, FL 33146 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. (NOTE. Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE. NAME GREENWALD, ALLEN R 1320 S. DIXIE HWY. #781 STREET ADDRESS CORAL GABLES, FL 33146 CITY-ST-ZIP U000000031333 ν 02/04/04-80144-024 150.00 GREENWALD, JILL F NAME STREET ADDRESS 1320 S. DIXIE HWY. #781 CITY-ST-ZIP CORAL GABLES, FL 33146 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

AMEN ARCEN WALD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/04 30574216 Dale Dayling Proce 4

FILED