2004 FOR PROFIT CORPORATION

Apr 28, 2004 08:00 AM Secretary of State ANNUAL REPORT **DOCUMENT # P93000022716** 1. Entity Name DONNA L. TAYLOR, INC. Principal Place of Business Mailing Address 9975 SW 196 ST 9975 S.W. 196TH ST. MIAMI, FL 33157 MIAMI, FL 33157 01172004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0399297 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent TAYLOR, DONNA L DO NOT WRITE 9975 SW 196TH ST MIAMI, FL 33157 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (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. PTSD TITLE TAYLOR, DONNA L NAME STREET ADDRESS 9975 S.W. 196 ST City - ST- ZiP MIAMI, FL NAME STREET ADDRESS CITY -ST - ZIP TOTAL MAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 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:

NAME STREET ADDRESS CITY-ST-ZIP

NTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED