


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90302 009 ***150.00

DOCUMENT # P93000037848	
1. Entity Name E. B. DEVELOPERS, INC.	

Principal Place of Business 7025 BERACASA WY SUITE 107 BOCA RATON, FL 33433 US	Mailing Address 7025 BERACASA WY SUITE 107 BOCA RATON, FL 33433 US
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94055692

2. Principal Place of Business 7284 W. Palmetto Park Rd Suite, Apt. #, etc. Ste 106	3. Mailing Address 7284 W. Palmetto Park Rd Suite, Apt. #, etc. Ste 106
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04012004 Chg-P CR2E034 (10/03)

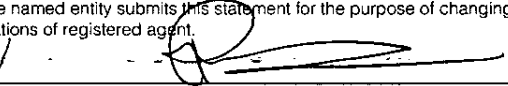
City & State Boca Raton, FL	City & State Boca Raton, FL
Zip 33433	Country USA

4. FEI Number 65-0443759	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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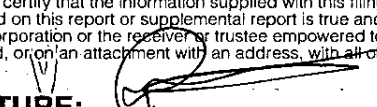
6. Name and Address of Current Registered Agent BERDOUGO, ELIE 7025 BERACASA WY SUITE 107 BOCA RATON, FL 33433	
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7. Name and Address of New Registered Agent Name Daniel A. Kas kel, P.A. Street Address (P.O. Box Number is Not Acceptable) 7284 W. Palmetto Park Rd - Ste 108 City Boca Raton FL Zip Code 33433	
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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 4-12-04

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BERDOUGO, ELIE 7025 BERACASA WY SUITE 107 BOCA RATON, FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	4-12-04 561 395 108108 Date Daytime Phone #