## 2004 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P93000039248 1. Entity Name



## FILED Feb 09, 2004 8:00 am Secretary of State 02-09-2004 90047 050 \*\*\*158.75

Stein	Principal Place of Busine 3345 BURNS ROAD #306 PALM BEACH GARDENS		Mailing Address PO BOX 31448 PALM BEACH GARDER	NS, FL 33420 US		181 <b>46</b> (416 <b>88</b> 4) <b>18</b> 11 <b>18</b>	<i>540</i>		
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Zip Country Zip Country S. Certificate of Status Dosired S. S. 75 Addition Fee Required  S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STEIN-MICHAEL J.  STEIN-MICHAEL J.  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  S. 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 the obligations of registered agent.  SiGNATURE  Signature, local or printed rame of registered agent and that applicable.  POST Englished Agent agreets registered agent and other applicable.  POST Englished Agent agreets registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent.  SiGNATURE  Signature, local or printed rame of registered agent and that applicable.  POST Englished Agent agreets registered agent registered agent or both, in the State of Florida. I am familiar with, and the obligations of registered agent.  SiGNATURE  Signature Royal State of Florida. I am familiar with, and the obligations of registered agent.  Signature Royal State of Florida. I am familiar with, and the obligations of registered agent.  POST EN N. H. Change I DATE  STEIN, MICHAEL J.  STEIN, M	Suite, Apt. #, etc.		Suite, Apt. #, etc.		01222004	Chg-P	CR2E034	(10/03)	
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Name   STEEIN,-MICHAEL J.	Zip	Country	Zip	Country					nal
STEIN_MICHAEL J. 10921 LARCH COURT PALM BEACH GARDENS, FL 33418  City FL Zip Code  3. 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 the obligations of registered agent and the flephilate.  POTE Registered Agent segretare required when refrestancy:  DATE  FILE NOWILL FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  P. Election Campaign Financing Trust Fund Contribution.  D. OFFICERS AND DIRECTORS  TITLE  MAME  DSTEIN, MICHAEL J  STREET ADDRESS  OTH-ST-ZIP  Delete  TITLE  Delete  TIT	6. Nan	ne and Address of Current		7. Name and Address of New Registered Agent					
Street Address (P.O. Box Number is Not Acceptable)	10.5	•		Name	•				
B. 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 the obligations of registered agent.  SIGNATURE  Signature, hybrid or privated name of registered agent and life if upplicable.  FILE NOWILI FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE  SITERIA MICHAEL J INVESTIGATE  SITERIA MICHAEL J INVESTIGATE  OP STEIN, HICKAREL J INVESTIGATE  OP STEIN, AND INVESTIGATE  OP STEIN AND INVESTIGATE  OP STEIN, AND INVESTIGATE  OP STEIN, AND INVESTIGATE  OP STEIN, AND INVESTIGATE  OP STEIN AND INVESTIGATE  OP STEIN AND INVESTIGATE  OP STEIN AND INVESTIGATE  OP STEIN AND INVESTIGAT	10921 LARCH CO	URT	·	Street Add	dress (P.O. Box Numbe	er is Not Acceptabl	(e)		
B. 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 the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  PILE NOWILI FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  After May 1, 2004 Fee will be \$550.00  Trust Fund Contribution.  D STEIN, MICHAEL J STREET ADDRESS TITLE  NAME STREET ADDRESS CITY-ST-2P  Delete  TITLE  STREET ADDRESS CITY-ST-2P  AMME STREET ADDRESS CITY-ST-2P  AMME STREET ADDRESS CITY-ST-2P  AMME STREET ADDRESS CITY-ST-2P  Delete  TITLE  STREET ADDRESS CITY-ST-2P  STREET ADDRESS CITY-ST-2P  TITLE  STREET ADDRESS CITY-ST-2P  STREET ADDRESS CITY-ST-2P  STREET ADDRESS CITY-ST-2P  STREET ADDRESS CITY-ST-2P  Delete  TITLE  STREET ADDRESS CITY-ST-2P  STREET ADDRESS CITY-ST-2P  STREET ADDRESS CITY-ST-2P  STREET ADDRESS CITY-ST-2P  Change  Ch				City	* -A-C		FI	Zip Code	
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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 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 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 supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii).	40 I haveburgediffusion	the information aunolice wi	th this filing does not qualify	for the exemption state	ed in Section 119.07(3)	(i), Florida Statutes	s. I further certif	y that the inf	ormation

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #