
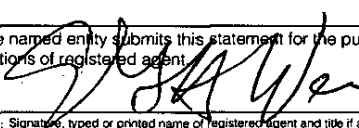
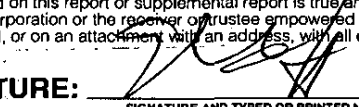


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90030 013 ***150.00

DOCUMENT # P93000042845 1. Entity Name PREMIER SIGNATURES INTERNATIONAL, INC.					
Principal Place of Business 10235 W. SAMPLE RD. SUITE 210 CORAL SPRINGS, FL 33065			Mailing Address 10235 W. SAMPLE RD. SUITE 210 CORAL SPRINGS, FL 33065		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0441182	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name: Eliot Weisman Street Address (P.O. Box Number is Not Acceptable): 10235 West Sample Road Suite: 210 City: Coral Springs FL Zip Code: 33065	
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees					
FILE NOW!!! 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 11		
TITLE: CB <input type="checkbox"/> Delete NAME: WEISMAN, ELIOT H STREET ADDRESS: 1720 VESTAL DR CITY-ST-ZIP: CORAL SPRINGS, FL			TITLE: CB <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: Eliot H. Weisman STREET ADDRESS: 10025 Vestal Place CITY-ST-ZIP: Coral Springs, FL 33071		
TITLE: PD <input checked="" type="checkbox"/> Delete NAME: CHENKIN, LONNIE STREET ADDRESS: 1401 UNIVERSITY DR. #605 CITY-ST-ZIP: CORAL SPRINGS, FL 33071			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		
TITLE: VPD, STD <input type="checkbox"/> Delete NAME: WEISMAN, ROY STREET ADDRESS: 6614 VILLA SONRISA DR #120 CITY-ST-ZIP: BOCA RATON, FL			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		
TITLE: STD <input checked="" type="checkbox"/> Delete NAME: WEISMAN, ERIC STREET ADDRESS: 5751 CAMINO DE SOL #400 CITY-ST-ZIP: BOCA RATON, FL			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		
TITLE: <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		
TITLE: <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 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:  DATE: _____ Daytime Phone #: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					