2004 FOR PROFIT CORPORATION

FILED Apr 26, 2004 8:00 am Secretary of State

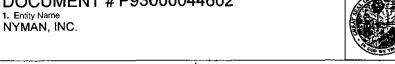
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ANNUAL REPURI	
DOCUMENT # P93000044602	
1. Entity Name	

33324

FORT LAUDERDALE, FL

SIGNATURE:



1/33 S. Unwesty Mailing Address 1/33 S. University UK.
Suite 212 1200 EAST LAS OLAS BLV.D Suite 212 1
Clarkation Fr SUITE 1480 Clarkation fe 33324 Principal Place of Business 200 EAST LAS OLAS BLV.D SUITE 1480 FORT LAUDERDALE, FL 33301 US

1 m

DO NOT WRITE IN THIS SPACE

CR2E034 (10/03) 03152004 No Chg-P 4. FEI Number Applied For Not Applicable 65-0419701 \$8.75 Additional 5. Certificate of Status Desired Fee Required

Daytime Phone #

MORT, MAN NYMAN 200 EAST LAS OLAS BLVD 1133 S. UNINERSITY DR FORT LAUDERDALE, FL 33301 SUITE 212 PLANTATION TE 33324

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

				<u> </u>	in a confident		
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	2		
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.		क्षा करता है। इस का का का का का की	Z m		
10.	OFFICERS AND DIREC	CTORS			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NYMAN, MORTON 1/ 3.2 200 EAST LAS OLAS BLVD., STE. 14 FORT LAUDERBALE, FL 33301- P	5. UNIVERSITY OR 80 SUITE 212 LANTATION R. 33324					
THTLE NAME STREET ADDRESS CITY-ST-ZIP	VD NYMAN, MICHAEL 1/33 200 EAST LAS OLAS BLVD., STE. 14 FORT LAUDERDALE, FL 33301. R.A						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD FELHOWITZ, STEVENA 501 S ANDREWS AVE DEL	ETE	DO	NOT WRITE			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP							
indicated of the cor	certify that the information supplied with this on this report or supplemental report is true poration or the receiver or trustee empowere or on an attachment with an address with a	and accurate and that my signat d to execute this report as requi	ture shall have the same legal effe	ect as if made under oath; that I am an o	officer or director		

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR