2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

Jan 28, 2004 08:00 AM DOCUMENT # P93000053976 **Secretary of State** CURTIS STOKES & ASSOCIATES, INC. Principal Place of Business Mailing Address % ACCOUNTING & BUSINESS CONSULTANTS I 1323 SE 17TH ST 17 ROSE DR FT LAUDERDALE FL 33316 FT LAUDERDALE FL 33316 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0427608 Not Applicable Ζιρ Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STOKES, PAUL C III 1323 SE 17TH ST #168 FT LAUDERDALE FL 33316 Street Address (P.O. Box Number is Not Acceptable) City Zip Code 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature typed or printed name of registered agont and title if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D Defete TITLE Addition ☐ Change STOKES, PAUL C III MAME NAME U00000018650 01/28/04-80146-002 150.00 STREET ADDRESS 1323 SE 17TH ST #168 STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33316 CITY-ST-ZIP TITLE ☐ Oelete BILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CIFF-ST-28 TETLE TITLE ☐ Delete Change Change ☐ Addition NAME STARRE STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TIME Delete TITLE ☐ Change ☐ Addition NAME MAKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP 31737 Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. Thereby 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 five and accurate and that my signature shall have the same legal effect as if made under cath; 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.

FILED