

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000054097

Entity Name: 8808 CORPORATION

FILED
Mar 01, 2004
Secretary of State

Current Principal Place of Business:

155 OCEAN LANE DR
KEY BISCAYNE, FL 33149

New Principal Place of Business:

155 OCEAN LANE DR
CCW 913
KEY BISCAYNE, FL 33149

Current Mailing Address:

% MAGGS - CCW 913
155 OCEAN LN DR
KEY BISCAYNE, FL 33149 US

New Mailing Address:

FEI Number: 65-0432037 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAGGS, ROBERT
155 OCEAN LANE DRIVE
CCW 913
KEY BISCAYNE, FL 33149 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MAGGS, MARGUERITE
Address: 155 OCEAN LN DR, CCW 913
City-St-Zip: KEY BISCAYNE, FL

Title: STD () Delete
Name: MAGGS, ROBERT
Address: 155 OCEAN LN DR, CCW 913
City-St-Zip: KEY BISCAYNE, FL

Title: D () Delete
Name: MAGGS-CHAGARES, MARIANNE
Address: 1550 OCEAN LN DR. CCW 9B
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MAGGS-CHAGARES, MARIANNE
Address: 155 OCEAN LN DR. CCW 115B
City-St-Zip: KEY BISCAYNE, FL 33149

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT L. MAGGS

STD

03/01/2004

Electronic Signature of Signing Officer or Director

Date