2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P93000054960

1. Entity Name

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FILED Apr 15, 2004 8:00 am Secretary of State 04-15-2004 90027 009 ***150.00

Picholage Place of Business Mailing Address 7408 SW 1977H AVE 7408 SW 1977H AVE MAIN FL 33156 MAIN FL 33156 MAIN FL 33156 MAIN FL 4 etc. MAIN FL 33156 MAIN FL 4 etc. MAIN FL 33156 MAIN FL 4 etc. MAIN F	NORTH-C	UT CHRISTMAS TREES, INC	J.		
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR26034 111/03	7405 SW 12	7TH AVE	7405 SW 127TH AVE		
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR26034 111/03	2. Principal P	lace of Business	3. Mailing Address		
Country Zip	Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOORE CR2E034 (11/03)
S. Cerricace of States Desired Fee Required F	City & State		City & State		65 0/21051
Name Name Street Address (P.O. Box Number is Not Acceptable)	Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
WINKLER, JUNE 740S S.W. 127TH STREET ###### MIAMI FL 33156 City FL 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 Forda. I am familiar with, and scoept the obligations of registered agent. FILE NOWIII. FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 After May 1, 2004 Fee will be \$500.00 After May 2, 2004 Fee will be \$500.00 A		6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
Atter May 1, 2004 Fee will be \$550.00 The Abortion Size Address for O. Box Number is Not Accepted agent. or both, in the State of Forica. I am familiar with, and accept the obligations of registered agent. With a control or egistered agent. Or both, in the State of Forica. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Forica. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Forica. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Forica. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Forica. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Forica. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Forica. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Forica. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Forica. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Forica. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Forica. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Forica. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Forica. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Forica. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Forica. In the minimum of the acceptance of registered agent. Or both, in the State of Precision. SIGNATURE SPELLE NOW!!! FEE 1S \$150.00 S.5.00 May Be Added to Fees Trust for Or Fire Park and the news agent			الأناف مستوادي	Name	
MIAMI FL 33156 City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent. Spondare registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent. Spondare registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent. Or both in the State of Forda. I am familiar with, and accept the policy of the policy of the policy of the State of Policy of P	7405 S.W. 127TH STREET			Street Address	s (P.O. Box Number is Not Acceptable)
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 Fords. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fords. I am familiar with, and accept the obligation of the property of the p					
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 May Be Added to Fees Trust Fund Contribution. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE WINKLER, WILLIAM A FRIEF ADDRESS OITY-ST-2P TILE WINKLER, JUNE WINKLER, JUNE WINKLER, WILLIAM C. STREET ADDRESS OITY-ST-2P MAMI FL 33156 TILE WINKLER, WILLIAM C. STREET ADDRESS OITY-ST-2P MAMI FL 33156 TILE D OUND OBJECT ORSE OITY-ST-2P WINKLER, WILLIAM C. STREET ADDRESS OITY-ST-2P MAMI FL 33156 TILE D WINKLER, WILLIAM C. STREET ADDRESS OITY-ST-2P MAMI FL 33156 TILE D WINKLER, WILLIAM C. STREET ADDRESS OITY-ST-2P MAMI FL 33156 TILE D OBJECT ORSE OITY-ST-2P MAMI FL 33156 TILE D WINKLER, WILLIAM C. STREET ADDRESS OITY-ST-2P MAMI FL 33156 TILE MAME STREET ADDRESS OITY-ST-2P MAMI FL 33156 TILE MAME STREET ADDRESS OITY-ST-2P MAMI FL 33156 TILE MAME STREET ADDRESS OITY-ST-2P TILE MAME STREET ADDRESS OITY-ST-2			r the purpose of changing its r	egistered office or regist	tered agent, or both, in the State of Florida. I am familiar with, and accept
After May: 7: 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State Make Check Payable to Florida Department of State	SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature requi	red when reinstating) DATE
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.	Afte	r May 1, 2004 Fee will be \$550.00			
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TITLE D Delete TITLE Delete D	NAME STREET ADDRESS	WINKLER, JUNE 7405 SW 127 ST.	☐ Delete	NAME STREET ADDRESS	☐ Change ☐ Addition
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indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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 and address, with all other like empowered.

SIGNATURE: