

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90203 010 ***150.00

DOCUMENT # P93000062338

1. Entity Name
CEEBRAID-SIGNAL KYMFA CORPORATION



Principal Place of Business
**250 AUSTRALIAN AVENUE
10TH FLOOR, SUITE 1003
WEST PALM BEACH, FL 33401**

Mailing Address
**250 AUSTRALIAN AVENUE
10TH FLOOR, SUITE 1003
WEST PALM BEACH, FL 33401**

24071127



2. Principal Place of Business

3. Mailing Address

04272004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
11-3179724

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHLESINGER, RICHARD
250 AUSTRALIAN AVENUE
10TH FLOOR, SUITE 1003
WEST PALM BEACH, FL 33401**

Name

Street Address (P.O. Box Number is Not Acceptable)

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 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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME **GREEN, BERNARD R**
STREET ADDRESS **4001 NORTH FLAGLER DR.**
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE **D** ☐ Delete
NAME **SCHLESINGER, RICHARD**
STREET ADDRESS **250 AUSTRALIAN AVENUE #1003**
CITY-ST-ZIP **WEST PALM BEACH, FL 334014**

TITLE **D** ☐ Delete
NAME **WEINSTEIN, WILLIAM D**
STREET ADDRESS **72 NASSAU DR.**
CITY-ST-ZIP **GREAT NECK, NY 11021**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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:

SIGNATURE AND TYPE IN PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Schlesinger, Director

4/30/04

Date

561-835-4003

Daytime Phone #