## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## Apr 26, 2004 8:00 am Secretary of State DOCUMENT # P93000065663 1. Entity Name 04-26-2004 90497 044 \*\*\*150.00 SMALL BUSINESS GUIDANCE SERVICES OF FLORIDA, Mailing Address Principal Place of Business 384 S. MILITARY TRAIL 384 S. MILITARY TRAIL DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442 2. Principal Place of Business 3. Mailing Address 2500 N. MiliTARY 2500 N. M. LITARY Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) <u>660</u> 400 Applied For Gity & State 4. FEI Number 65-0436524 POCA Not Applicable \$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 SINGER, MICHAEL S 618 US HIGHWAY ONE SUITE 104 NORTH PALM BEACH FL 33408 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. (NOTE: Registered Agent signature required when reinstating) DATE 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD ☐ Change ☐ Addition TITLE ☐ Delete TITLE GOLDSTEIN, ARNOLD S NAME NAME 2500 N. MiliTARY TR. #260 BOCA RATON, FL 33431 STREET ADDRESS STREET ADDRESS 384 S. MILITARY TRAIL DEERFIELD BEACH FL 33442 CITY-ST-ZIP CITY-ST-ZIP ☐ Change STD ☐ Addition ☐ Delete DILE TITLE GOLDSTEIN, MARLENE J NAME NAME 384 S. MILITARY TRAIL STREET ADDRESS STREET ADDRESS DEERFIELD BEACH FL 33442 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS 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 his required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED

Daytime Phone #