2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 26, 2004 8:00 am Secretary of State

ANNUAL REPURI				Secretary of State			
DOCUMENT # P93000070 1. Entity Name FIFTY-TWO, INC.	0417				4 90064 030 ***1.		
Principal Place of Business	Mailing Address		_	4 0 14 11			
C/O WALLACE L. LEWIS, JR	C/O WALLACE L. LEWIS,	IR		44,000	4004		
550 BRICKNELL AVENUE, PH 1	550 BRICKNELL AVENU				·		
MIAMI, FL 33131	MIAMI, FL 33131			I TAINE WAL ARM ESIL OR	HI 3011 (3011 8311 01831 11811 131	1200 H 1100	
2. Principal Place of Business	3. Mailing Address						
550 Brickell Ave., PH		11 Ave. PH 1		IR 19102 IITI ODIH BOSH BO	III BALII IBAH BAWI BIBBI KALI IBI	HAAN III TARI	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<u> </u>	01172004	Chg-P	CR2E034 (10/03)		
					` <u> </u>		
City & State Miami, FL	City & State Miami, FL		4. FEI Numb			plied For at Applicable	
Zip Country	Zip Zip	Country			¢0.75		
33131 U.S.A.	33131	U.S.A.		e of Status Desired	Fee Require		
6. Name and Address of Current	Registered Agent		7. Name an	d Address of New R	legistered Agent		
LEWIS, WALLACE L		V	Váľlace	L. Lewis	, Jr:	·	
6120 S.W. 74 AVENUE		Street Address	(P.O. Box Numb	per is Not Acceptable	s) e. PH 1		
MIAMI, FL 33143	•		O DITC	SVETT HAG	., F11 T	···	
,				<u></u>			
· /		City	Miam	i, FL	FL ² 333	° 31	
8. The above named entity solomits this statement of the obligations of registered agent.	the purpose of charging its	registered office or regist	ered agent, or be	oth, in the State of Flo	orlda. I am familiar with,	and accept	
the trangations of registered agent.	//				1/21/04		
SIGNATURE JOHN SIGNATURE	Sandard 1907	Wallace Begistered Agent signature requi		wis, Jr.			
Signature, typed or printed name of register agent	a sphilicapie.	: neglatared Agent legitature rector	red when remarkating)	T	DATE		
File NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.	9. Election Campai Trust Fund Contr		5.00 May Be ided to Fees				
10. OFFICERS AND	DIRECTORS	11.	ADDITIONS	CHANGES TO OFF	TCERS AND DIRECTOR	S IN 11	
TITLE D	☐ Delete	TITLE			☐ Change	■ Addition	
NAME LEWIS, WALLACE L JR	·	NAME					
STREET ADDRESS 6120 S.W. 74 AVENUE CITY-ST-ZIP MIAMI, FL 33143		STREET ADORESS CITY- ST- ZIP					
TITLE D	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME LEWIS, MIRIAM S	. ,	NAME			C compo	riddillon	
STREET ADDRESS 6120 S.W. 74 AVENUE		STREET ADDRESS					
CITY-ST-ZIP MIAMI, FL 33143		CITY-ST-ZI?	***************************************				
TILE	☐ Delete	MLE			Change	☐ Addition	
NAME STREET ADDRESS		NAME STREET ADDRESS					
- CITY-ST-ZIP	ميني دمو عديات	CITY*ST-ZIP	ر جير 🗝	مجاه جهتك المحاسر	والمستحدد فلتداوي	··	
TITLE	☐ Delete	TITLE			Change	Addition	
NAME		NAME	•		—· *	_	
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP			——————————————————————————————————————	—	
I TITLE	☐ Celete	TITLE NAME		•	☐ Change	☐ Addition	
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
anu:	☐ Delete	THE	. ,		☐ Change	Addition	
NAME		NAME					
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-20P					
<i> </i>	h this tilling deservation and its fail		Spoting 110 07/2	Vi) Harida Statutan	I further certify that the	nformation	
12. I hereby certify that the information supplied with indicated on this report or supplemental report in of the corporation or the receiver or true to the corporation or the corporation	n this filing does not qualify for s true and accurate and that n	ny synature shall have th	e same legal effe	ect as if made under	eath; that I am an office	or director	
of the corporation or the receiver or trustee in a changed, or on an attachment with all access.	with all other like emerginged.	/			е арреага и вюск 10 с	F CHOCK THE	
and the state of t		llace L. Lew es. of Fifty			4 (305). 37:	2 <u></u>	
SIGNATURE:	MINTED NAME OF SIGNING OFFICER		_TMO, TUC	Date	Daytime Phone #	-0000	