2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

| Feb 09, 2004 08:00 AM Secretary of State Feb 09, 2004 08:00 AM Secretar | ANNUAL REPORT (AR) | | | | | FILED | | |
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| # 1608 MAMI FL 33181 US # Principal Place of Susiness Suite, Apt. #, etc. City & State Country Zip Country Zip Country SEGEL, HAROLD 14140 WEST DIXIE HIGHWAY NORTH MIAMI FL 33181 STREET MORES # Principal Place of Susiness A. Fell Number of Status Desired S8.75 Additional Fee Required F | Principal Plac | ce of Business | Mailing Address | | | | | |
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| Suite, Apt. #, etc. City & State City & State Desired \$8.75 Additional Fee Required \$8.75 Additional Fee Required \$8.75 Additional Fee Required Fee | | | | | | | | |
| City & State | 2. Principal Place of Business | | 3. Mailing Address | | | | | |
| Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required \$8. | | | | | | | | |
| Section Sect | City & Sta | te | City & State | | | 4. FEI Number 65-044659 | 3.4 ⊢— | <u> </u> |
| SIEGEL, HAROLD 14140 WEST DIXIE HIGHWAY NORTH MIAMI FL 33161 City FL Zip Code 8. The above named entity submits link 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 cicligations of registered agent. SIGNATURE Signature hipsed or printed name of registered agent. FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD SIEGEL, BABETTE 12870 BISE BLVD. SIEGEL, BABETTE 12870 BISE BLVD. NORTH MIAMI FL Delete TITLE NAME SIEGEL, HAROLD SIEGEL, BABETTE Delete TITLE MAKE NAME SIEGEL, HAROLD SIEGEL, BABETTE SIEGEL, HAROLD SIEGEL, BABETTE SIEGEL, MAROLD S | Zip | Country | Zip | Country | | 5. Certificate of Status Desired | □ \$8.75 Ad | ditional |
| SIEGEL, HAROLD 14140 WEST DIXIE HIGHWAY NORTH MIAMI FL 33161 City FL Zip Code | | 6. Name and Address of Current | Registered Agent | | | 7. Name and Address of New | Registered Agent | |
| 14.1 4.0 WEST DIXIE HIGHWAY NORTH MIAMI FL 33161 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 Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the dependence of registered agent and the 4 applicable. INOTE Registered Agent agenture required when renstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD ORTH MIAMI FL ORTH-ST-ZIP NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP ORTH MIAMI FL ORTH-ST-ZIP ORTH MIAMI FL ORTH-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE | | 0=1 111 = 01 = | | Na | ame | | | |
| 8. The above named entity submits this statement for the purpose of changing its 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 file if applicable. (NOTE Pegeswerd Agent agenture required when renationing) After May 1, 2004 Fee will be \$550.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE PD DEIGLE, BABETTE SIEGEL, BABETTE SIEGEL, BABETTE SIEGEL, BABETTE SIEGEL, BABETTE SIEGET ADDRESS CITY-S1-2P NORTH MIAMI FL CITY-S1-2P DEIGLE SIEGEL, HAROLD SIEGET ADDRESS CITY-S1-2P CITY-S1-2P SIEGET ADDRESS CITY-S1-2P Addition SIEGET ADDRESS CITY-S1-2P Addition SIEGET ADDRESS SIEGET ADDRESS CITY-S1-2P Addition SIEGET ADDRESS SIEGET ADDRES | 141 | 40 WEST DIXIE HIGHWAY | | St | reet Address (F | P.O. Box Number is Not Acceptate | ole) | |
| 8. The above named entity submits this statement for the purpose of changing its 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 fill if applicable. (NOTE Registered Agent signature required when renatating) DATE | 140 | MINIMANNI L 33101 | | | | | | |
| SIGNATURE Signature Typed or printed name of registered agont and little if applicable. (NOTE Registered Agont signature required when renstating) DATE | | | | Ci | ity | | FL Zip Cod | ie . |
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| STREET ADDRESS STREET ADDRESS | CITY-ST-ZIP | partifu that the information quantied with | to this filing does not guellfu for t | CITY-ST-Z | | ction 119.07(3)(i), Florida Statutes | . I further certify that the | information |

2.13 releasy early that the information supplied whit his mind does not qualify in the exemption stated if Section 119.07(5)(f), Florida Statutes. Further early that the information indicated on this report or suppliemental report is true agree 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:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2 07 04 305-893-0568