2004 FOR PROFIT CORPORATION

ANNUAL REPORT (AR)					FILED		
DOCUMENT # P93000086450 1. Entity Name					Mar 10, 2004 08:00 AM Secretary of State		
SUTTON PLACE MANAGEMENT, INC.						•	
Principal Placi	e of Business	Mailing Address			4-	<del></del> -	
3640 HIGH PINE DR		1073 HILLSBORO MILE					
CORAL SPRINGS FL 33065 US		APT. 1 SOUTH HILLSBORO BEACH FL 33062 US					
2. Principal Place of Business		3. Making Address					
Suite, Apt #, etc		Suite, Apr. #, etc.		MOORE CR2E034 (11/03)			
City & State		City & State		4. FEI Number 59-04545		pplied For of Applicable	
Zip Country		Zip Country			5. Certificate of Status Desire	<b>€0.75</b>	ditional
	6. Name and Address of Curren	Registered Agent	<del></del>	· <del></del> _	7. Name and Address of Ne		
				Vame			F The second best
1073	NO, JOHN M 3 HILLSBORO MILE LSBORO BEACH FL 33062			Street Address (F	eet Address (P.O. Box Number is Not Acceptable)		
				Dity		Zip Cod	Je
8. The above the obligati	named entity submits this statement from sof registered agent.	or the purpose of changing its	registered	office or register	ed agent, or both, in the State o	- <del>-</del>	and accept
SIGNATURE	Signalule typed or printed name of registered agon	and title if anchoable (NOT	F. Bouistored Ad	ent signature regused	whom coloctation)	DATE 2.	
			r nganera ng	and signature of the state	The second of th		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State					9. Election Campaigr Trust Fund Contrib	Financing \$5.0 ution. \( \square\) Added	00 May Be d to Fees
10.	OFFICERS AND		11.		ADDITIONS/CHANGES TO	OFFICERS AND DIRECTOR	SIN 11
TITLE	D	☐ Delete	TITLE			☐ Change	Addition
NAME	CIRINO, BARBARA A NAM						_
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CITY-ST-ZIP			CITY-SI-	ZIP			
	D CIBINO IOUN	☐ Delete	RILE			☐ Change	Addition
	CIRINO, JOHN 1073 HILLSBORO MILE, APT. 1 S	OUTH	NAME STREET A	nnecce	U000000	199990	
CITY-ST-ZIP			CITY+SI	· · · · · · · · · · · · · · · · · · ·	03/10/04-6	30057-003 150.00	)
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CITY-ST-ZIP			CITY-ST	- 1			_
TITLE		☐ Delete	IIITE			Change	☐ Addition
NAME STREET ADDRESS			NAME	222525			
City-S1-Zip			STREET A				
THE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME		تان مان المان	NAME			- Journal	
STREET ADDRESS			atree1 A	1			
CITY-ST-ZIP			C(TY-SI-	-209			
TITLE NAME		Delete	TITLE			☐ Change	Addition Addition
STREET ADDRESS			name Street a	DDRESS			
CITY-ST-ZIP			CHY-ST-	1			
42 Charaby s	ertify that the information curnited with	h this filing stand and availify to			440.07(0)(1)	- No. 15 May 15	پ <del>يونده حيونده</del> سا د موس

12. I hereby certify that the information supplied with this filling 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:

Jaku H C/R into V-I MANCH I, 2004

Date: From I.