

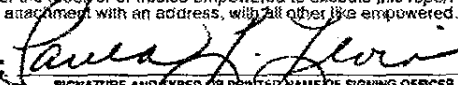


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000004968				
1. Entity Name PAULA ENTERPRISES, INC.				
Principal Place of Business 8010 N UNIVERSITY DR 2ND FL TAMARAC, FL 33321		Mailing Address 8010 N UNIVERSITY DR 2ND FL TAMARAC, FL 33321		
DO NOT WRITE IN THIS SPACE				
			01062004 No Chg-P CR2E034 (10/03)	
DO NOT WRITE IN THIS SPACE			4. FEI Number 65-0462385	
			Applied For Not Applicable	
DO NOT WRITE IN THIS SPACE			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FARBSTEIN, DAVID R 8010 N UNIVERSITY DR 2ND FL TAMARAC, FL 33321			DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>			DATE 1/13/04	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PD LEVIN, PAULA L 8010 N UNIVERSITY DR, 2ND FL TAMARAC, FL 33321		
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DO NOT WRITE IN THIS SPACE				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PAULA E. LEVIN			1/13/04 (954) 586-0441 Date Daytime Phone #	