2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE: KAY RICHARD

Mar 10, 2004 08:00 AM Secretary of State DOCUMENT # P94000005252 1. Entity Name RAY RICHARDS ENTREPRENEUR CORPORATION Mailing Address Principal Place of Business 1220 SE 4TH CT. DEERFIELD BCH FL 33441 US 1074 SW 1 WAY 300 S.W. 2ND STREET, SUITE #9 DEERFIELD BCH FL 33441 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc Suite, Apt. #, etc. MOORE CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 65-0460570 Not Applicable Zισ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RICHARDS, RAYMOND Street Address (P.O. Box Number is Not Acceptable) 1946 N.E. 2ND STREET DEERFIELD BEACH FL 33441 Zip Code City 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 Signature typed or primed name of registered agent and title if applicable (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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PD ☐ Change ☐ Addition 137LE TITLE ☐ Delete NAME RICHARD, RAY NAME STREET ADDRESS STREET ADDRESS 1961 N.W. 2 ST DEERFIELD BCH FL CITY - ST - ZIP CITY-ST-ZIP Change Addition ☐ Delete HILE BUF MAME NAME U00000083429 STREET ADDRESS STREET ADDRESS 03/10/04-80039-002 150.00 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete HITLE Change Addition 🗔 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITEF Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TATE Delete SHE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 eath, 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

FILED