## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 28, 2004 08:00 AM Secretary of State

	ANITOAL	VEE ON I		_	0411		C C
1. Entity Nam	MENT # P940000296			Seci	etary o	of State	
Principal Plac	e of Business	Mailing Address		]			
47 PALM AV	E	47 PALM AVE					
201 201 SARASOTA, FL 34236 SARASOTA, FL 34236							
ואוסטאות, ו	L 34230	JAMAJOTA, IL JEZO					
DO NOT WRITE IN THIS SPACE				. 01172004 No Chg-P CR2E034 (10/03)			
				4. FEI Number   Applied For   65-0684253   Not Applicable			
	a sa	on the section of the			of Status Desired	□ \$8.7	5 Additional lequired
	6. Name and Address of Current Ro	gistered Agent			of the post of the second		15m · · · · · · · · · · · · · · · · · · ·
GOLD, DANIEL 47 PALM AVE. SOUTH #201 SARASOTA, FL 34236				<del></del> -	NOT W	7	. y yw a 'n mae ne
							·
	named entity submits this statement for tions of registered agent.	he purpose of changing its registe	red office or register	ed agent, or bo	th, in the State of Flo	rida. I am familia	ar with, and accept
SIGNATURE_	;						
31014-10112	Signature, typed or printed name of registered agent an	i title if applicable. (NOTE Register	ed Agent signature required	i when reinstating)		DATE	
FiL After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Fina     Trüst Fund Contribution		.00 May Be ed to Fees		,	
10.	OFFICERS AND D	RECTORS				<del> </del>	
TITLE	PD			. 42 14011 1	The second second		
NAME	GOLD, DANIEL						
STREET ADDRESS CITY-ST-ZIP	3536 B BAYOU LOUISE SARASOTA, FL 34242		Į.		Unnonni	117516	
	3ARA301A, FE 34242		<u>.</u> ,		U000001 01/28/04-6	10013 10091-006	fin on
TITLE NAME					was surface for a		
STREET ADDRESS							
CITY-ST-ZIP			وماهم والمصورة والمام المامير الواليو	مقديد مستقدات تتبرعه وسائدين سخ	ندر درمان دمسه تسساختې پارموموسار است		دسسفه منبخ سدخ بريخ م شعفات سيد
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CITY-ST-ZIP				DO	NOT W	RITE	
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NAME				EFA	iinə ər	ACE	
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CITY-ST-ZIP			<b>-</b>	acted on white.	الأخاري سائل الرواسي ميساليونوني	ಷ್ಟು ಉಭಿಸಹಗಳು ಪ್ರಕಾಣ	and the following of
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TITLE					६ - च्या १० व्या १४१८ च्या <del>व्या व्यापिता</del> •		
NAME		•					
STREET ADDRESS	,						
CITY-ST-ZIP			i i				

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

DAN GOLD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dan 20. 2004 941365671

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Daytime Phone #