2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 13, 2004 8:00 am Secretary of State 04-26-2004 91103 001 ***300.00

PRINCIPAL PROCESS (ALLER STANDARD BLVD. SUIT & 430 PLANTATION, FL 33324	Entity Name		# P9400003 JRITY GROUP, I					04-26-2004 9		*300.00
Suits Apr. R. etc. Suits IIO City State PLAN-ATTOO Despite State PLAN-ATTOO Despite State Replacement Registered Agent To Brown and Address of Current Registered Agent To Replace Address of New Registered Agent To Replace Address (P.O. Boox Nurripge is lest Acceptable) Suits Apr. R. etc. Suits Apr	8211 WEST BROWARD BLVD. SUITE 430 PLANTATION, FL 33324 B211 WEST BROWARD SUITE 430 PLANTATION, FL 33324 PLANTATION, FL 333									
Chy & State Chy &	7301 N	<u> </u>	4 STREET	7301 NW	4 5	HLEr				
Summer and Address of Current Registered Agent Summer and Address of Name and Address of Current Registered Agent Name and Address of Name and Address of Current Registered Agent Name	City & State			SUITE 11 City & State	City & State			4. FEI Number		
Name	Zip		Country	Zip	Cour				¢0.75	
SIDER ANGROSS CITY-ST-2P TITLE THE PRODUCT BY DESCRIPTION FLATON FLATO		6. Name	and Address of Currer	nt Registered Agent -		Name	7. Name and Add	ress of New Registe	ered Agent	<u></u>
Ety PLANTATION FL Zg 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 no obligations of registered eight. Signature Signa	3211 W. BRO				 ;	Street Address	(P.O. Box Number is	Vot Acceptable)		
B. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar the obligations of registered agent, or both, in the State of Florida. I am familiar the obligations of registered agent, or both, in the State of Florida. I am familiar the obligations of registered agent, or both, in the State of Florida. I am familiar the obligations of registered agent, or both, in the State of Florida. I am familiar the obligations of registered agent, or both, in the State of Florida. I am familiar the obligations of registered agent, or both, in the State of Florida. I am familiar the obligations of registered agent, or both, in the State of Florida. I am familiar the obligations of registered agent, or both, in the State of Florida. I am familiar the obligations of registered agent, or both, in the State of Florida. I am familiar the obligations of registered agent, or both, in the State of Florida. I am familiar the state of agent a	PLANTATION, FL 33324					City O	E HO		FL Zip Cod	7
After May 1, 2004 Fee will be \$55.0.0 Trust Fund Contribution.	the obligations CIGNATURE	s of regist	ered agent.	HEL				41	1/12/14	and accept
TITLE KOHN, LAWRENCE G SIRET ADDRESS GRIT ADRESS GRIT ADDRESS GRIT ADDRESS GRIT ADDRESS GRIT ADDRESS GRIT ADR	FILE N After May	NOW!!! 1, 200	FEE IS \$150.00 4 Fee will be \$550				5.00 May Be ided to Fees			
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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	NAME Street address			☐ Delete	MA ST	ME REET ADORESS			☐ Change	Actdition
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 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 changed, or on an attachment with an address, with all exhaultee empowered.	indicated on	n this reco	or supplemental repo	rt is true and accurate and the	hat my sign	ature shall have th	ne same legal elfect as	if made under oath:	that I am an office bears in Block 10 o	r or director