2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2004 8:00 am Secretary of State

1. Entity Nam	MENT # P940 ST & SELL, INC.	00043137	(04-30-2	:004 9034	14 023 ***	150.00	
Principal Place	e of Business	Ma	ailing Address		· · · · · · · · · · · · · · · · · · ·	7					
10671 S.W. 27TH ST. DAVIE, FL 33028			10671 S.W. 27TH ST. Davie, Fl. 33028								
2. Principal Place of Business		3. 1	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04192004	Chg-P	CR2E	034 (10/03)	_	
City & State		C	City & State			4. FEI Number 65-04972	208			plied For Applicable	
Zip Country			Zip Country .		try .	5. Certificate of	5. Certificate of Status Desired See Required \$8.75				
	6. Name and Address	of Current Regist	tered Agent		• • • • • • • • • • • • • • • • • • • •	7. Name and A	ddress of New	Registered	Agent		
_BEJENARI 10671 S.W DAVIE, FL	v. 27TH ST.				Name Street Addres	ss (P.O. Box Number	is Not Acceptab	le)		- **	
				İ	City			FL	Zip Code)	
		-1-1	urpose of changing it	s registere	ed office or regis	stered agent, or both,	in the State of F	lorida. Lam	familiar with,	and accept	
	named entity submits this tions of registered agent.	statement for the p	_,								
					d Agent signature requ	uited when reinstating)		DATE			
the obligat SIGNATURE_ FIL After M.	Signature, typed or printed name of the NOW!!! FEE IS \$1 av. 1: 2004 Fee will I	registered agent and title i		ITE: Registered	ncing \$	\$5.00 May Be Added to Fees		DATE			
the obligat SIGNATURE_ FIL After M.	Signature, typed or printed name of a signature. Signature is seen as a signature is seen as a signature is seen as a signature. Signature is seen as a signatur	50.00 50.00 be \$550.00	9. Election Camp Trust Fund Cor	ITE: Registered	ncing \$	\$5.00 May Be Added to Fees	HANGES TO OF		D DIRECTORS	S IN 11	
the obligat SIGNATURE_ FIL After Ma	Signature, typed or printed name of the Signature of the	50.00 50.00 be \$550.00	9. Election Camp Trust Fund Cor	aign Finan ntribution. 11. TITLE NAME STREE	acing \$	\$5.00 May Be Added to Fees	HANGES TO OF		D DIRECTORS ☐ Change	5 IN 11	
SIGNATURE_ FIL After M: 10. HILLE NAME. STREEL ADDRESS	Sgnature, typed or printed name of a system of the system	50.00 be \$550.00	f applicable. (NO 9. Election Camp. Trust Fund Cor	aign Finan ntribution. 11. IIILE NAME STREE CITY- TITLE NAME STREE NAME STREE	E ET ADDRESS - ST-ZIP	\$5.00 May Be Added to Fees	HANGES TO OF				
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12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. If 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 attaphment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-25-2004 954-473-42