## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Jun 17, 2004 8:00 am **Secretary of State** DOCUMENT # P94000048350 06-17-2004 90003 009 \*\*\*150.00 EAGLE PRODUCTS OF SOUTH FLORIDA INC Principal Place of Business Mailing Address 213 NW 1 AVE 213 NW 1 AVE 54057802 HALLANDALE, FL 33009 HALLANDALE, FL 33009 10 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 06152004 Cha-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 65-0505805 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DIMEOLA, JERRY Street Address (P.O. Box Number is Not Acceptable) 213 NW 1 AVE HALLANDALE, FL 33009 Zip Code 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. w Signature, typed or printed name of registered agent and title if applicable. (NOTE: Begistered Agent signature required when reinstating) \$5.00 May Be FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing Trust Fund Contribution. Due by September 8, 2004 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE **⊠** Delete ☐ Change ☐ Addition DIMEOLA, JERRY, NAME STREET ADDRESS 213 NW 1 AVE STREET ADDRESS CITY-ST-ZIP HALLANDALE, FL 33009 CITY-ST-ZIP TITLE ☐ Delete **X** Change TITLE ☐ Addition DIMEOLA, LARRY V NAME STREET ADDRESS 213 NW 1 AVE STREET ADDRESS CITY-ST-7/P HALLANDALE, FL 33009 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME DIMEDO, DEAN NAME STREET ADDRESS 213 NW 1 AVE STREET ADDRESS CITY-ST-ZIP HALLANDALE, FL 33009 CITY-ST-ZIP TILE Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

**FILED** 



## EAGLE PRODUCTS OF SOUTH FLORIDA INC.

Alachment

#194000048350

June 15, 2004

Florida Dept. of State

To Whom It May Concern:

It has come to my attention that for a second year in a row we did not receive our filling paperwork for 2003 nor 2004 corporation annual report. Please check you records to ensure that the address listed below is on file for Eagle Products of South Florida:

213 NW 1<sup>st</sup> Avenue Hallandale, Florida 33009-4001

Per my phone conversation with a State Assistant, she told me to write this letter and forward it along with a check for \$150.00 (enclosed her in)

I Thank you in advance and appreciate your assistance. Any questions or concerns please call me at (954) 457-8468

Sincerely,

Dean DiMeola VP

Eagle Products of South Florida