


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2004 8:00 am
Secretary of State

09-09-2004 90008 031 ***150.00

DOCUMENT # P94000057016			
1. Entity Name ULTIMATE SCREEN, CO.			
Principal Place of Business 840 NE 46 CT FT. LAUD., FL 33334 US		Mailing Address 840 NE 46 CT FT. LAUD., FL 33334 US	
2. Principal Place of Business <i>Ultimate Screen Co</i>		3. Mailing Address <i>Ultimate Screen Co</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>535 NE 42nd St</i>		City & State <i>535 NE 42nd St</i>	
Zip <i>33334</i>	Country <i>US</i>	Zip <i>33334</i>	Country <i>US</i>
6. Name and Address of Current Registered Agent KALOMERIS, PAUL 840 NE 46 CT FT. LAUD., FL 33334		7. Name and Address of New Registered Agent Name <i>Paul Kalomeris</i> Street Address (P.O. Box Number is Not Acceptable) <i>535 NE 42nd St</i> City <i>Ft. Laud</i> FL Zip Code <i>33334</i>	
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 <i>Paul Kalomeris</i> DATE <i>9-6-04</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KALOMERIS, PAUL 840 NE 46 CT FT. LAUD., FL 33334 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Paul Kalomeris</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>535 NE 42nd St</i> <i>Ft. Laud. FL 33334</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Paul Kalomeris</i>		Date <i>9-6-04</i> Daytime Phone # <i>954-295-4687</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	



07012004 Chg-P CR2E034 (10/03)