2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Sep 13, 2004 08:00 AM Secretary of State

Daytime Phone #

1. Entity Nam	MENT # P94,000073	833			Secretary of State	
Principal Plac	e of Business	Mailing Address		Í		
16140 E GO		16140 E GOLDCUP DR				
LOXAHATCH	EL, FL	Loxahatchee, Fl		İ		
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DO NOT WRITE IN THIS SPACE				08242004	08242004 No Chg-P CR2E034 (10/03)	
					4. FEI Number Applied For	
				59-254	59-2541121 Not Applicable	
				5. Certificate	of Status Desired	
	6. Name and Address of Current R	egistered Agent	· · · · · ·	<i>!</i>) oo rrequired	
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16140 E GOLDCUP DR						
LOXAHATCHEE, FL 33470 IN THIS SPACE					THIS SPACE	
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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.						
CIONIATI IDE						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the						
	LE NOW!!! FEE IS \$150.00		9. Election Campaign Financing Trust Fund Contribution. Ac		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
D	ue by September 8, 2004				borporadori dia notrescivo die prior risilosi	
10. OFFICERS AND DIRECTORS						
TITLE	D		1		Hencens Taken	
NAME	KORNOFSKI, DENNIS		i		U00000172186 09/13/04-80003-014 150.00	
STREET ADDRESS	16140 E GOLDCUP DR		1		03/13/07-00003-014 [30.10]	
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 12. Thereby of indicated 	certify that the information supplied with to on this report or supplemental report is t	his tiling does not qualify for the exe rue and accurate and that my signa	emption stated i ature shall have	n Section 119.07(3) the same legal effec	ty, Florida Statutes. I further certify that the information as if made under oath; that I am an officer or director	
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.						
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