

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 APR 16 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02042004 No Chg-P CR2E034 (10/03)

| | |
|--|-------------------------------|
| 4. FEI Number 65-0543896 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WIENER, DAVID J
ONE NORTH CLEMATIS STREET
SUITE 305
WEST PALM BEACH, FL 33401

**DO NOT WRITE
IN THIS SPACE**

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 _____

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
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000032965159
04/16/04--01048--007 **150.00

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV PRESTON, JOHN W. S ONE NORTH CLEMATIS STREET #305 WEST PALM BEACH, FL 33401 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV GREEN, ROBERT S 2851 JOHN ST SUITE 1 MRAKHAM, ONTARIO, CN l3r5r7 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V HAMILTON, TOM ONE NORTH CLEMATIS STREET #305 WEST PALM BEACH, FL 33401 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP KOSOY, DAVID ONE NORTH CLEMATIS STREET #305 WEST PALM BEACH, FL 33401 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV KOSOY, BRIAN ONE NORTH CLEMATIS STREET #305 WEST PALM BEACH, FL 33401 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST SHREEVE, DAVID ONE NORTH CLEMATIS STREET #305 WEST PALM BEACH, FL 33401 |

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/2004 561-835-1810
Date Daytime Phone #