## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 15, 2004 08:00 AM Secretary of State DOCUMENT # P9500000306 1. Entity Name FREDDY L. SHAPIRO, CHARTERED Principal Place of Business Mailing Address 3660 GULF OF MEXICO DR. 3660 GULF OF MEXICO DR. #104-A #104-A LONGBOAT KEY, FL 34228 LONGBOAT KEY, FL 34228 03072004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0548924 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE BLALOCK, ROBERT G 802 11TH ST. WEST BRADENTON, FL 34205 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE SHAPIRO, FREDDY L. NAME STREET ADDRESS 580 W GALENA STREET CITY-ST-ZIP TELLURIDE, CO 81435 TITLE U00000088245 03/15/04-80043-022 150:00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE C!TY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 additional method of the corporation of the corporati

SIGNATURE:

TITLE NAME STREET ADDRESS

> RINTED NAME OF SIGNING OFFICER OR DIRECTOR NATURE AND TYPED OR P

**FILED**