2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Feb 02, 2004 08:00 AM DOCUMENT # P95009018533 Secretary of State 1. Entity Name AUSCORP OF FLORIDA, INC. Principal Place of Business Mailing Address 7955 11TH AVE. SOUTH ST. PETERSBURG FL 33707 7955 11TH AVE. SOUTH ST. PETERSBURG FL 33707 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) MOORE City & State City & State 4. FEI Number Applied For 59-3218310 Not Applicable Country Country Ζιρ \$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 Name DELUCIA, PASQUALE Street Address (P.O. Box Number is Not Acceptable) 7955 11 AVE S ST PETERSBURG FL 33707 City 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. SIGNATURE Signature, typed or printed name of registered agont 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 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Change Addition TITLE ☐ Delete NAME DE LUCIA, PASQUALI NAME STREET ADDRESS STREET ADDRESS 7955 11TH AVE. SOUTH ST. PETERSBURG FL 33707 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP 1100000027595 02/03/04-80053-014-Ebahhe 00 Addition Delete TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CMY-ST-ZIP TITLE ☐ Delete TITLE Change | Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. Thereby 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

FILED