## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 05, 2004 8:00 am Secretary of State

1. Entity Name	MENT # P95000062 JITY CORP.	2508				04-05-2004	4 90043 019 ***	150.00	
Principal Place	e of Business	Mailing Address							
2300 GLADES ROAD Suite 100e		2300 GLADES ROAD Suite 100e				44024782			
BOCA RATON, FL 33431 US		BOCA RATON, FL 33431 US							
2. Principal Pl	ace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02172004	Chg-P	CR2E034 (10/03	3)	
City & State		City & State			4. FEI Number 65-0604	4. FEI Number         Applied For           65-0604691         Not Applicable			
Zip	Country	Zip	Cour	ntry	5. Certificate o	f Status Desired	□ <b>\$8.75</b> A Fee Requi		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
GREENFIELD, WILLIAM R									
2300 GLAI   SUITE 100	DES ROAD E			Street Addre	treet Address (P.O. Box Number is Not Acceptable)				
BOCA RATON, FL 33431									
				City	City FL Zip Code				
	named entity submits this statement fi ions of registered agent.	or the purpose of changing i	its register	ed office or reg	gistered agent, or both	, in the State of Flo	orida. I am familiar wit	h, and accept	
SIGNATURE_								:	
	Signature, typed or printed name of registered agen	t and title if applicable. (NO	OTE: Register	ed Agent signature re	equired when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550	9. Election Camp Trust Fund Co	-		\$5.00 May Be Added to Fees				
18.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND DIRECTO	RS IN 11	
TITLE NAME	D GREENFIELD, WILLIAM R	☐ Delete	TITL NAN	I .			Change	e 🔲 Addition	
STREET ADDRESS	2300 GLADES ROAD, SUITE 10	00E	STR	EET ADDRESS					
CITY-ST-ZIP	BOCA RATON, FL 33431	Delete	CITY	r-ST-ZIP		<del> </del>	☐ Change	Addition	
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STREET ADDRESS			STR	eet address					
CITY-ST-ZIP				7-ST-ZIP			Change	e 🔲 Addition	
TITLE NAME		☐ Delete	TITL NAM	i			☐ Change	E Addition	
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CITY-ST-ZIP		Delete	TITL				☐ Change	e 🔲 Addition	
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STREET ADDRESS	ł		əln	TEL UDDILEGO					

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.

CITY-S1-ZIP

SIGNATURE: \_

CITY-S1-ZIP

SIGNATURE AND TYPED OR PRINTED E OF SIGNING OFFICER OR DIRECTOR

William R. Greenfield 3/15/04

Date

561-392-6662

Daytime Phone #