


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90396 044 \*\*\*158.75

<b>DOCUMENT # P95000080689</b>	
1. Entity Name <b>SARDONYX ENTERPRISES, INC.</b>	

Principal Place of Business <b>313 CASTEL SHANNON BLVD. PITTSBURGH PA 15234 US</b>	Mailing Address <b>313 CASTEL SHANNON BLVD. PITTSBURGH PA 15234 US</b>
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2. Principal Place of Business <b>313 Castle Shannon Blvd.</b>	3. Mailing Address <b>313 Castle Shannon Blvd</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Pittsburgh, PA</b>	City & State <b>Pittsburgh, PA</b>
Zip <b>15234</b>	Zip <b>15234</b>
Country <b>US</b>	Country <b>US</b>



MOORE CR2E034 (11/03)

4. FEI Number <b>65-0615170</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>GRAVINA, PETER J ESQ. PAVESE, HAVERFIELD, DALTON, HARRISON ET AL 1833 HENDRY ST. FT. MYERS FL 33901</b>
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LOHR, ROBERT</b> <b>311 CASTLE SHANNON BLVD.</b> <b>PITTSBURGH PA 15234</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MILLER, ERIC C</b> <b>1520-360 ROYAL PALM SQUARE BLVD.</b> <b>FORT MYERS FL 33919</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Lohr, Robert</b> <b>313 Castle Shannon Blvd.</b> <b>Pittsburgh, PA 15234</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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:**  **Robert C. Lohr** **4/28/04** **412-341-4500**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #