2004 FOR PROFIT CORPORATION ANNUAL REPORT

May 05, 2004 08:00 AM Secretary of State DOCUMENT # P95000085870 (800) PAGE-USA, INC. Mailing Address Principal Place of Business 3056 N ATLANTIC BLVD 3056 N ATLANTIC BLVD FT LAUDERDALE, FL 33308 FT LAUDERDALE, FL 33308 HS CR2E034 (10/03) 04272004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0623365 Not Applicable 58.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FISHER, KENNETH DO NOT WRITE 3056 N ATLANTIC BLVD #H10 IN THIS SPACE FT LAUDERDALE, FL 33308 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 Flagistered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE 18 \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing **\$5.00** May Be U00000157103 Trust Fund Contribution. Added to Fees <u>/DB /04-80013-01</u> OFFICERS AND DIRECTORS 10. TITLE FISHER, KENNETH NAME 3056 N ATLANTIC BLVD STREET ADDRESS FT LAUDERDALE, FL 33308 CITY - ST - ZXP 3333 STREET ADDRESS CITY-ST-ZIP TITLE MANE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS C3TY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STLE

12. Thereby certify that the information supplied with this filting 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:

NAME STREET ADDRESS CRY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

102107

FILED