## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 03, 2004 08:00 AM Secretary of State

1. Entity Nam	MENT # P9500009218 & sons, Inc.	<b>5</b>				·	
13 MEADOW	S PARK LANE F	ailing Address P.O BOX 3037 BOYNTON BEACH, FL 33424				) <b>65</b> 33 <b>5</b>   <b>6</b> 73 <b>6</b> 33 <b>8</b>	M 1888 N M 1888 M 1188 M 1888 N 1
C	O NOT WRITE II	) E	04192004 No Chg-P CR2E034 (10/03)  4. FEt Number				
13 MEADO	6. Name and Address of Current Regis JR, SERGIO DWS PARK LANE I BEACH, FL 33436	DO NOT WRITE 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, typed or printed remaind of registered agent and late if acquired the contraction of 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, typed or printed remaind of registered agent and late if acquired the contraction of 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.							
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.		.00 May Be ed to Fees			
18. ITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT D CASAINE, SERGIO JR % 13 MEADOWS PARK LANE BOYNTON BEACH, FL 33436	CYORS					
TITLE MAME STREET ADDRESS CITY-ST-2IP	D CASAINE, FRANK P % 13 MEADOWS PARK LANE BOYNTON BEACH, FL 33436	5 (NE) (12 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			U00000 85/04/84-	150620 80014-	908 15D.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CASAINE, HAYDEE L 13 MEADOWS PARK LANE BOYNTON BEACH, FL 33436				NOT W		-
THE NAME STREET ADORESS CITY-ST-ZIP				IN T	THIS SF	ACE	
Title Name Street adoress Cry-St-11p							
NAME SIREET ADDRESS CITY-SI-ZIP		- <u>-</u>			eron en la particione de		
12. I hereby of indicated of the conchanged,	edify that the information supplied with this fi on this report or supplemental report is true a poration of the receiver of trustee empowered or on an attachment with an address, with all	ling does not qualify for the exer and accurate and that my signal d to execute this report as requir I other like empowered.	nption stated in Se ure shall have the s ed by Chapter 607	ction 119.07(3)( same legal effec , Florida Statute	(i), Florida Statutes. I ot as if made under o es, and that my name	further certi ath, that I ar appears in	fy that the information in an officer or director Block 10 or Block 11 if