2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

Feb 24, 2004 8:00 am DOCUMENT # P96000000437 **Secretary of State** 1. Entity Name 02-24-2004 90004 036 ***158.75 MULDOON WAREHOUSE II, INC. Principal Place of Business Mailing Address 1300 NW 65TH PLACE 1300 NW 65TH PLACE FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 33309 2. Principal Place of Business 2730 CR2E034 (11/03) Applied For 4. FEI Number 65-0642745 ★ Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MULDOON, TINA D Street Address (P.O. Box Number is Not Acceptable) 1300 NW 65TH PLACE SUITE B FORT LAUDERDALE FL 33309 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered affect or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (KOTE: Registered Agent signature required when reinstating) 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 TITLE President Addition Delete TITLE Change NAME MULDOON, TIMOTHY J NAME 1300 NW 65TH PLACE STREET ADDRESS STREET ADDRESS CITY ST-ZIP FORT LAUDERDALE FL 33309 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition MULDOON, TINA D NAME NAME 1300 NW 65TH PLACE STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33309 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP City-St-2iP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS C!TY-ST-ZIP 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

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