2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000001969 1. Entity Name

FILED Apr 30, 2004 08:00 AM Secretary of State

WARDAR	FIVE INC.						
1153 MANDARIN DR NE 11		Mailing Address 1153 MANDARIN DR NE PALM BAY, FL 32905	153 MANDARIN DR NE				
_	O NOT WOITE	~ E	04282004	No Chg-P	CR2E034	4 (10/03)	
ט	O NOT WRITE	CE	4. FEI Number 59-335			Applied For Not Applicable	
	6. Name and Address of Current Re	gistered Agent		5. Certificate	of Status Desired		8.75 Additional se Required
MILLER, L	OWELL M		DO	NOT W	/RITF		
1153 MANDARIN DR. NE. PALM BAY, FL 32905			IN THIS SPACE				
	named entity submits this statement for the ions of registered agent.	le purpose of changing its register	ed office or register	red agent, or bo	th, in the State of F	lorida. I am fa	miliar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and	title if applicable (NOTE Registers	ed Agent signature required	d when reinstaling)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 7 Trust Fund			ncing \$5	.00 May Be led to Fees			
10.	OFFICERS AND DI	RECTORS	-				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, LOWELL M 1153 MANDARIN DR. NE PALM BAY, FL 32905				ri es	,,- ,, e-	
TITLE NAME STREET ADDRESS					शास्त्रक्षीयः सम्बद्धीयः विश्वस्थितः	Hage For Hora Kertigig Pet⊊e	96 19. 0
CITY-ST-ZIP TITLE							
NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	VRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS S	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE			1				

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:

STREET ADDRESS CITY-ST-ZIP

321-723-0654