2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 06, 2004 08:00 AM Secretary of State

DOCUMENT # P9600006031 1. Entity Name 1650 N. 441 OFFICE, INC.				Secr	etary	y of State
1680 N. STATE RD. #7	wailing Address 4200 HOLLYWOOD BLVD HOLLYWOOD, FL 33021 L	JS				
DO NOT WRITE IN THIS CRACE			01262004	No Chg-P	CR2E	034 (10/03)
DO NOT WRITE IN THIS SPA		CE	4. FEI Numb 65-064			Applied For Not Applicable
				of Status Desired		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			<i>1</i>	<u> </u>		<u></u>
PANCIERA, MARK J. 4200 HOLLYWOOD BLVD HOLLYWOOD, FL 33021		DO NOT WRITE IN THIS SPACE				
 The above named entity submits this statement for the the obligations of registered agent. 	purpose of changing its register	red office or register	ed agent, or bo	th, in the State of Flo	orida. I am	familiar with, and accept
SIGNATURE Signature, typed or printed name or registered agent and tid	e if applicable NCTE. Register	ed Agent Signature required	when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	Slection Campaign Fina Trust Fund Contribution.	, , ,	.00 May Be ed to Fees			
10. CFFICERS AND DIRE	CTORS					
TITLE PDST NAME PANCIERA, MARK J STREET ADDRESS 4200 HOLLYWOOD BLVD CITY-ST-TIP HOLLYWOOD, FL	<u>-</u>			U000000	103955 John Til	6 -019 150,00
TITLE NAME STREET ADDRESS CITY - ST - ZIP				02/U3/04"	-00010	OIU IUU,UU
TITLE		1				

DO NOT WRITE IN THIS SPACE

12. Thereby certify that the information supplied with this filling 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 comporation or the receiver or indiscerembowered 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 embowered.

SIGNATURE:

NAME STREET ADDRESS

TITLE NAME STREET ADDRESS CITY-ST-DIP TITLE NAME STREET ADDRESS CITY-ST-CIP TITLE NAME STREET ADDRESS

CITY-ST-ZIP

Mark PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954) 989-9900