2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

DOCUMENT # P9600006438 1. Entity Name				Mar 10, 2004 08:00 AM Secretary of State
FLUBBLE	, INC.			
Principal Plac	ce of Business	Mailing Address		-
2210 N.E. 204TH STREET		2210 N.E. 204TH ST		
N. MIAMI BI	EACH FL 33180	N. MIAMI BEACH FL	33180	
2 Principal P	Place of Queinoon	2 Mailes Address		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt #, etc.		MOORE CR2E034 (11/03)
City & Stat	de	City & State	· · · · · · · · · · · · · · · · · · ·	4. FEI Number 65-0640816 Applied For Not Applied be
Zιρ	Country	Zip	Country	5. Certificate of Status Desired
·····	6. Name and Address of Curre	ent Registered Agent		7. Name and Address of New Registered Agent
CORDAN PRIOR A			Name	
JORDAN, BRUCE A 2210 NE 204 ST_			Street Address	(P.O. Box Number is Not Acceptable)
NO MIAMI BCH FL 33180				
			City	FL Zip Code
B. The above the obligat	named entity submits this statementions of registered agent.	nt for the purpose of changing r	ts registered office or regist	ered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE				
	Signature, typed or ormited name of registered as	pent and title if applicable (NC	37C, Registered Agent signature requi	ed when remislating) DATE
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2004 Fee will be \$550. k Payable to Florida Departmen			9. Election Campaign Financing \$5.80 May Be Trust Fund Contribution.
10.	OFFICERS A			
TITLE	Р	NO DIFECTORS	臺 11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
	l'	Delete	TII.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11_
NAME	JORDAN, JUDY L.	 	FITLE NAME	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	JORDAN, JUDY L. 221 NE 204 ST NO MIAMI BCH FL	 	RILE	
STREET ADDRESS CRTY-ST-ZRP TITLE	221 NE 204 ST NO MIAMI BCH FL S	 	RIFLE NAME STREET ADDRESS CITY-SI-ZIP UILE	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP	221 NE 204 ST NO MIAMI BCH FL	☐ Belete	THE NAME STREET ADDRESS CHY-SI-ZIP	☐ Change ☐ Addition U000000083898 U3/10/04-80058-010 150.00
STREET ADDRESS CRTY-ST-ZRP TITLE NAME	221 NE 204 ST NO MIAMI BCH FL S JORDAN, BRUCE	☐ Belete	RIFLE NAME STREET ADDRESS CITY-SI-ZIP LIFLE NAME	☐ Change ☐ Addition U000000083898 U3/10/04-80058-010 150.00
STREET ADDRESS CRY-ST-ZRP TIFLE NAME STREET ADDRESS CRY-ST-ZRP TIFLE	221 NE 204 ST NO MIAMI BCH FL S JORDAN, BRUCE 2210 NE 204 ST	☐ Belete	TITLE NAME STREET ADDRESS CITY-ST-ZIP LITLE MAAME STREET ADDRESS CXTY-ST-ZIP TITLE	☐ Change ☐ Addition U00000083898 U3/10/04-80058-010 150.00
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	221 NE 204 ST NO MIAMI BCH FL S JORDAN, BRUCE 2210 NE 204 ST	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U00000083898 U3/10/04-80058-010 150.00 ☐ Change ☐ Addition
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STREET ADDRESS CRY-ST-ZRP TIFLE NAME STREET ADDRESS CRY-ST-ZRP HILE MAME STREET ADDRESS CRY-ST-ZRP TIFLE	221 NE 204 ST NO MIAMI BCH FL S JORDAN, BRUCE 2210 NE 204 ST	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP HITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP RITLE	☐ Change ☐ Addition U00000083898 U3/10/04-80058-010 150.00 ☐ Change ☐ Addition
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12. I hereby 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 corporation or the receiver of 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 expensered.

SIGNATURE:

SIGNATURE:

SIGNATURE:

SUSICE THEMAN

FILED