

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 03, 2004 08:01
Secretary of State**

DOCUMENT # P96000023118

1. Entity Name
SALES FORCE 1 INC.



Principal Place of Business
**5175 NW 57 DRIVE
CORAL SPRINGS, FL 33067**

Mailing Address
**5175 NW 57 DRIVE
CORAL SPRINGS, FL 33067**



04292004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0654288

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CHRISTIE, GLENFORD
1430 NW 47 AVENUE
COCONUT CREEK, FL 33060**

**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

Signature, typed or printed name of registered agent and (if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PT
CHRISTIE, GLENFORD
1430 NW 47 AVE
COCONUT CREEK, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPS
CHIRSTINE, NADIA
1430 NW 47 AVE
COCONUT CREEK, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

10000001 48638
05/13/04-80154-018 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Glenford CHRISTIE
Glenford CHRISTIE

04.29.04
Date

954.819.1222
Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR