


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:0
Secretary of Sta

DOCUMENT # P96000023118
 1. Entity Name
SALES FORCE 1 INC.



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

DO NOT WRITE IN THIS SPACE



04292004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0654288	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CHRISTIE, GLENFORD
1430 NW 47 AVENUE
COCONUT CREEK, FL 33060

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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
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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** 04.29.04 954.819.1222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #