


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90525 011 \*\*\*150.00

<b>DOCUMENT # P96000026707</b>	
1. Entity Name <b>MNYX SAWGRASS CORP.</b>	

Principal Place of Business <b>1640 NW 128TH DR FORT LAUDERDALE, FL 33323</b>	Mailing Address <b>5025 SWETLAND CT LEGAL DEPT RICHMOND HEIGHTS, OH 44143</b>
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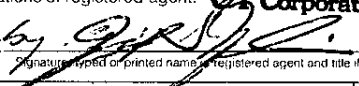
2. Principal Place of Business <b>5025 Swetland Court</b>	3. Mailing Address Suite, Apt. #, etc.
City & State <b>Richmond Heights, OH 44143</b>	City & State
Zip Country	Zip Country

04062004 Chg-P CR2E034 (10/03)



4. FEI Number <b>65-0710882</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>STONE, CHARLES J 250 AUSTRALIAN AVE SOUTH SUITE 1204 WEST PALM BEACH, FL 33401</b>	7. Name and Address of New Registered Agent Name <b>CT Corporation System</b> Street Address (P.O. Box Number is Not Acceptable) <b>1200 South Pine Island Road</b> City <b>Plantation</b> FL Zip Code <b>33324</b>
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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. <b>CT Corporation System</b>	
SIGNATURE  <b>Gil S. Apellis, Asst. Secretary</b>	DATE <b>4-7-04</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRIEDMAN, JEFFREY I 5025 SWETLAND CT RICHMOND HEIGHTS, OH 44143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP POWERS, DANIEL L 5025 SWETLAND CT RICHMOND HEIGHTS, OH 44143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FISHMAN, MARTIN A 5025 SWETLAND CT RICHMOND HEIGHTS, OH 44143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D, Fishman, Martin A. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5025 Swetland Court Richmond Heights, Ohio 44143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STONE, CHARLES J 250 AUSTRALIAN AVE. S., STE 1204 WEST PALM BEACH, FL 33401 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FATICA, LOU 5025 SWETLAND CT RICHMOND HEIGHTS, OH 44143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	DATE <b>4-20-04</b>	DAYTIME PHONE <b>216/797-8780</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>Martin A. Fishman, Secretary</b>		