2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000038300

Title:

Name: Address:

City-St-Zip:

FILED May 04, 2004 Secretary of State

,	ie: KNUTH G	to a oil, iivo.					
Current Principal Place of Business:			New Princi	New Principal Place of Business:			
1231 W COPANS ROAD POMPANO BEACH, FL 33064				3510 W BOYNTON BEACH BLVD. BOYNTON BEACH, FL 33436			
Current Mailing Address:			New Mailir	New Mailing Address:			
1231 W COPANS ROAD POMPANO BEACH, FL 33064			C/O GOLDI	4014 CHASE AVENUE, #217 C/O GOLDEY MIAMI BEACH, FL 33140			
FEI Number:	65-0623153	FEI Number Applied For ()	FEI Number Not Appli	cable () Cer	tificate of Status Desired ()	
Name and	Address of Cเ	rrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
KING, MARK 3890 W. COMMERCIAL BLVD #214 FORT LAUDERDALE, FL 33309			4014 CHÁS 217	GOLDEY, STEVEN R 4014 CHASE AVENUE 217 MIAMI BEACH, FL 33140			
The above in the State		bmits this statement for the pu	rpose of changing it	s registered office	or registered agent, or b	oth,	
SIGNATURE: STEVEN R GOLDEY				05/04/2004			
	Electronic	O:					
In accordance		Signature of Registered Agen 2)(b) F.S. the corporation did not a			Date		
Election Cam	e with s. 607.193(2)(b), F.S., the corporation did not i Frust Fund Contribution ().	receive the prior notice		Date OFFICERS AND DIRECT	:TORS:	
Election Cam	e with s. 607.193(paign Financing AND DIRECT	2)(b), F.S., the corporation did not of the state of the	receive the prior notice	S/CHANGES TO		TORS:	
Election Cam OFFICERS Title: Name: Address:	e with s. 607.193(paign Financing AND DIRECT D ()E KALICHMAN, DAY 1231 W COPANS POMPANO BEAC	2)(b), F.S., the corporation did not of the first Fund Contribution (). ORS: Delete //ID S ROAD H, FL 33064 Delete THAN AVE	ADDITION: Title: Name: Address:	S/CHANGES TO (OFFICERS AND DIRECTION OF THE COMMENT OF THE COMMEN	CTORS:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MARK ZASLAVSKY D 05/04/2004

(X) Delete

MITNIK, ALEX

3300 NE 191 ST

AVENTURA, FL

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