2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P96000056898

1. Entity Name

SOUTH FLA MAGAZINE SERVICE, INC.



94028971

FILED

Mar 15, 2004 8:00 am Secretary of State

03-15-2004 90079 030 ***150.00

Principal Place of Business 5609 NW 84TH TERRACE

FORT LAUDERDALE, FL 33351 US Mailing Address

5609 NW 84TH TERRACE

SUITE J

DO NOT WRITE IN THIS SPACE

FORT LAUDERDALE, FL 33351

No Chg-P

4. FEI Number 65-0676603

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

NELMS, CHRISTOPHER J 5609 NW 84TH TERRACE FORT LAUDERDALE, FL 33351

SIGNATURE:

DO NOT WRITE IN THIS SPACE

		}		The first of the wife	
	named entity submits this statement for the plions of registered agent.	urpose of changing its registere	d office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accep	t
SIGNATURE			Agent signature required when reinstating) DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing \$5.00 May Be Added to Fees	** *	_
10.	OFFICERS AND DIREC	TORS .			-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELMS, CHRISTOPHER J 2599 NW 121 DR CORAL SPRINGS, FL 33065				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	- 57		DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-SI-ZIP			IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE	-				
NAME STREET ADDRESS CITY-ST-ZIP	1				
12. I hereby indicated of the corchanged	certify that the information supplied with this fil on this report or supplemental poort is true poration or the receiver or trues empoyers , or on an attachment with aggrediess, with all	does not qualify for the exer and accurate and that my signat to execute this report as requir other like empowered.	nption stated in Section 119.07(3 ure shall have the same legal effe ed by Chapter 607, Florida Statut	(i), Florida Statutes. I further certify that the information act as if made under oath; that I am an officer or director tes; and that my name appears in Block 10 or Block 11 if	 f

NAME OF SIGNING OFFICER OF DIRECTOR