2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 05, 2004 8:00 am Secretary of State

DOCU 1. Entity Nam FLORIDA					04-05-200)4 900 3 6 (010 ***15	50.00			
Principal Plac 5590 WAYSII SANFORD, FI	DE DRIVE	ss	Mailing Address 5590 WAYSIDE DRIVE SANFORD, FL 32771				. Izaliani I	III III II I	4 111 48 484 81187 18		
2. Principal P			3. Mailing Address 421 Wood Park Way #105								
421 Wood Park Way #105 Suite, Apt. #, etc.			Suite, Apt. #, etc.				03292004	Chg-P	CR2E0	34 (10/03)	
City & State Longwood, FL			City & State Longwood, FL				4. FEI Numb				oplied For ot Applicable
Zip 32779		Country Seminole	Zip 32779	Cou	untry minole	.		e of Status Desired		\$8.75 Add Fee Require	ditional
	6. Nam	e and Address of Current	Registered Agent		Name		7. Name and	d Address of New	Registered /	Agent	
ARCENEAUX, CYNTHIA B 本級的 MAX 201 Mood Park Way #10 5 Street Address (P.O. Box Number is Not Acceptable) 2.1 Wood,FL 32779											
4 4		7.			City			**************************************	FL	Zip Cod	e
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 title if applicable. (NOTE: Registered Agent signature required when reinstating)											
FIL After M	E NOW!!!	FEE IS \$150.00 04 Fee will be \$550.	9. Election C	9. Election Campaign Financing \$5.			00 May Be d to Fees		Ser Tyrristic	- sirk ps	Carrier Car
,10.	, Tp	OFFICERS AND	DIRECTORS Delete		TLE	1	ADDITIONS	/CHANGES TO OF	FICERS AND	DIRECTOR:	
NAME STREET ADDRESS CITY-ST-ZIP	2590 WA	AUX, CYNTHIA B	:			· · · · · · · · · · · · · · · · · · ·	- □ Cuaiña	Addition?			
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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)(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: SIGNATURE: Date OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #											