2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004
Secretary of State

DOCUMENT# P96000058559

Entity Name: MATTHEW J. STRAUS, INC.

Current Principal Place of Business:

1642 CHERRY BLOSSOM TERR.
HEATHROW, FL 32746

New Principal Place of Business:

Current Mailing Address:

1642 CHERRY BLOSSOM TERR.
HEATHROW, FL 32746

New Mailing Address:

FEI Number: 59-3396974 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STRAUS, MATTHE J
629 DOLPHIN RD
WINTER SPRINGS, FL 32708 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PT ( ) Delete
Name: STRAUS, MATTHEW J
Address: 629 DOLPHIN RD
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VPS ( ) Delete
Name: STRAUS, CANDACE L
Address: 629 DOLPHIN RD
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VP ( ) Delete
Name: STRAUS, WERNER MR.
Address: 1512 PALISADES AVE
City-St-Zip: FORT LEE, NJ 07024

Title: VP ( ) Delete
Name: STRAUS, HILDE MRS.
Address: 1512 PALISADES AVE
City-St-Zip: FORT LEE, NJ 07024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: MATTHEW J. STRAUS PRES 04/28/2004

Electronic Signature of Signing Officer or Director — Date