


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 8:00 am
Secretary of State

03-11-2004 90013 042 ***150.00

DOCUMENT # P96000073755

1. Entity Name
PHACT PROJECTS, INC.



Principal Place of Business
500 SOUTH OCEAN BLVD
803
BOCA RATON, FL 33432

Mailing Address
500 SOUTH OCEAN BLVD
803
BOCA RATON, FL 33432

94027809

2. Principal Place of Business
9776 Grand Verde Way
 Suite, Apt. #, etc.
714

3. Mailing Address
9776 Grand Verde Way
 Suite, Apt. #, etc.
714



03082004 Chg-P CR2E034 (10/03)

City & State
Boca Raton FL

City & State
Boca Raton FL

Zip
33428

Country
USA

Zip
33428

Country
USA

4. FEI Number
65-0691741

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
STEINBERG, MICHAEL
500 SOUTH OCEAN BLVD #803
BOCA RATON, FL 33432

7. Name and Address of New Registered Agent
 Name
Michael Steinberg
 Street Address (P.O. Box Number is Not Acceptable)
9776 Grand Verde Way, #714
 City
Boca Raton **FL** **33428**

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 *Michael Steinberg* DATE **3/8/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00. After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
 Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	STEINBERG, MICHAEL 500 SOUTH OCEAN BLVD. #803 BOCA RATON, FL 33432	TITLE P	Michael Steinberg 9776 Grand Verde Way, #714 Boca Raton, FL 33428
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<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 19.07(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: *Michael Steinberg* DATE: **3/8/04** DAYTIME PHONE #: **561-487-3349**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR