2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 09, 2004 08:00 AM **DOCUMENT # P96000101327** 1. Žitty Name **Secretary of State** SN PROPERTIES, INC. Principal Place of Business Mailing Address 7806 CHARNEY LANE 7806 CHARNEY LANE BOCA RATON, FL 33496 BOCA RATON, FL 33496 US CR2E034 (10/03) No Cha-P 01062004 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0713311 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SUSI, SAMUEL DO NOT WRITE 7806 CHARNEY LANE BOCA RATON, FL 33496 IN THIS SPACE 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS PD TITLE SUSI, SAMUEL MANAG 7806 CHARNEY LANE STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33496 U00000001743 01/12/04-80023-008 158.75 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS COY-ST-ZE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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:

NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS CITY-ST-ZIP

1/6/2004

(561)483-2030