FILED Feb 09, 2004 8:00 am Secretary of State 02-09-2004 90040 027 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

MARTERIANS 2723 IZ THE WETHERLANDS 2724 IZ THE WETHERL	1. Entity Name	NT # P97000002 H FLORIDA, INC.	222					,		
Suite, Age I rick: Suite, Age I rick: Suite, Age I rick: Suite, Age I rick: Coy & Suite: ZOETERMEEK ZOETERME	AKKERDREEL 385		1164/1111		540036	7 4				
City & Sure ZOETERMEEK	AKKERO	Business REEF 385								
2723 XZ	City & State		City & State							
FAL CORP 200 LAURA STREET JACKSONVILLE, FL 32202 City FL Zip Code	Zip Country		<u> </u>		her lands	5 Certificate of Status Desired T \$8.75 Addition		Additional		
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			L	1110	127 22703	7. Name and	Address of New F		mied	
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Fiorica. I am familiar with, and accept the obligations of registered agent. SIGNATURE: FILE**NOWIII**FEE**IS**\$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Constitution. Added to Fees	200 LAURA STE									
the obligations of registered agent. Signature Spirature spirate private private served registered agent and the it applicates. PILE NOWINI FEET IS \$150.00 After May 1, 2004 Fee will be \$550.00 After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE VP VREEKER, JAN B STIRET ADDRESS AKKERDREEF 385 AKKERDREEF 385 AKKERDREEF 385 CUT-SI-2P COTTERMEER NETHERLANDS, 2723 x2 THE DP AKKERDREEF 385 CUT-SI-2P Delete MAKE STIRET ADDRESS CUT-SI-2P Delete THE MAKE STIRET ADDRESS CUT-SI-2P THE MAKE STIRE		City			- FL Zip	Code				
TITLE NAME VREEKER, JAN B STREET ADDRESS CITY-ST-2P ZQ-TERMEER NETHERLANDS, 2723 x2 ZQ-TERMEER NETHERLANDS	Signature, typed or pristed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 - 9- Election Campaign Financing - \$5:00 May Be									
TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP CHange Addition NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CITY-	TITLE VP NAME VRE STREET ADDRESS AKK	EKER, JAN B ERDREEF 385	☐ Delete	TITL NAM STR	LE AE EET ADDRESS	ADDITIONS	CHANGES TO OFF	Chal	nge 🔲 Addition	
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NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP 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 truef 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 he execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if Change Addition NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS		☐ Delete	NAM STR	ME IEET ADDRESS			☐ Cha	nge 🔲 Addition	
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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: Weeker 34202b1	NAME STREET ADDRESS CITY-ST-ZIP		1.,	NA Str Cit	ME REET ADDRESS Y-ST-ZIP					
CONTACTOR AND TYPED OF PERMIC MALLE OF CONTROL AND CONTROL OF CONT	of the corporation changed, or on	on or the receiver or trustee emporan attachment with an address, v	weled to execute this repo vith all other like empowers	ort as requed.	veeker	Section 119.07(3) e same legal effe 07, Florida Statut	es; and that my nam	ne appears in Block 01131 3420	19 19 261	