


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90196 016 ***150.00

DOCUMENT # P97000010618

1. Entity Name
FERCON FLORIDA, INC.



Principal Place of Business Mailing Address
5000 NORTH LAKE BOULEVARD **5000 NORTH LAKE BOULEVARD**
PALM BEACH GARDENS, FL 33418 **PALM BEACH GARDENS, FL 33418**

24068315



2. Principal Place of Business 3. Mailing Address
520 Brickell Key Dr. **520 Brickell Key Dr.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 0-305 **Suite 0305**

04212004 Chg-P CR2E034 (10/03)

City & State City & State
Miami, FL **Miami - FL**
 Zip Country Zip Country
33131 **USA** **33131** **USA**

4. FEI Number Applied For
65-0753453 Not Applicable

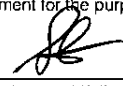
5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

MIRANDA, PAULO C
AKERMAN SENTERFITT
ONE SE THIRD AVE, 28TH FLOOR
MIAMI, FL 33131

Transglobal Corporate Administration LLC
 Street Address (P.O. Box Number is Not Acceptable)
Suite 0-305
520 Brickell Key Dr.
 City State Zip Code
Miami **FL** **33131**

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:  DATE: **4/20/04**

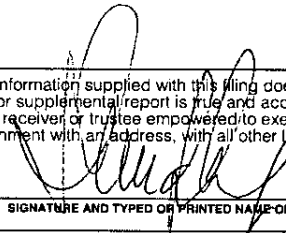
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	PD SPILBERG, DAVID 5000 NORTH LAKE BOULEVARD PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SPILBERG, ZINA 5000 NORTH LAKE BOULEVARD PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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:  DATE: **4/20/04** DAYTIME PHONE #: **(305) 374 3800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #