

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 05, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000023400**  
1. Entity Name  
**NOTEWORTHY, INC.**



Principal Place of Business      Mailing Address  
2254 WESTON RD                      2254 WESTON RD  
WESTON, FL 33326                      WESTON, FL 33326

**DO NOT WRITE IN THIS SPACE**



01182004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**65-0741258**      Not Applicable

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

6. Name and Address of Current Registered Agent  
  
POLISH, SHELDON  
515 EAST LAS OLAS BLVD  
SUITE 1500  
FORT LAUDERDALE, FL 33301

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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 \_\_\_\_\_ (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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WORTZEL, MADELINE 3232 HUNTINGTON WESTON, FL 33332
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHULMAN, JOANN 11760 NW 5TH STREET PLANTATION, FL 33325
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000169413  
08/05/04-80002-002 550.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *J. Shulman*      Date: *8-3-04*      Daytime Phone #: *954-385-3038*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR