

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90466 026 \*\*\*150.00

<b>DOCUMENT # P97000029649</b>					
<b>1. Entity Name</b> SIGNS AND ADVERTISING INC.					
<b>Principal Place of Business</b> 151 CRANDON BLVD UNIT 728 KEY BISCAIYNE, FL 33149			<b>Mailing Address</b> 151 CRANDON BLVD UNIT 728 KEY BISCAIYNE, FL 33149		
<b>2. Principal Place of Business</b> Suite, Apt. #, etc.			<b>3. Mailing Address</b> Suite, Apt. #, etc.		
<b>City &amp; State</b>			<b>City &amp; State</b>		
<b>Zip</b>		<b>Country</b>		<b>Zip</b>	
<b>Country</b>		<b>Country</b>		<b>4. FEI Number</b> 65-0769639	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> <del>POSTIGO LOPEZ, JOSE L</del> <del>151 CRANDON BLVD</del> <del>#728</del> <del>KEY BISCAIYNE, FL 33149</del>				<b>7. Name and Address of New Registered Agent</b> Name: Morato Enguidanos, Maria A. Street Address (P.O. Box Number is Not Acceptable): 151 Crandon Bv #728 City: Key Biscayne FL Zip Code: 33149	
<b>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.</b> SIGNATURE: <b>Maria A. Morato Enguidanos - President</b> (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> S <b>NAME</b> POSTIGO MORATO, MARIA A <b>STREET ADDRESS</b> 151 CRANDON BLVD UNIT 728 <b>CITY-ST-ZIP</b> KEY BISCAIYNE, FL 33149	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> S <b>NAME</b> POSTIGO MORATO, ANA C <b>STREET ADDRESS</b> 151 CRANDON BLVD UNIT 728 <b>CITY-ST-ZIP</b> KEY BISCAIYNE, FL 33149	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> TS <b>NAME</b> POSTIGO MORATO, JOSE L <b>STREET ADDRESS</b> 151 CRANDON BLVD UNIT 728 <b>CITY-ST-ZIP</b> KEY BISCAIYNE, FL 33149	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VP <b>NAME</b> MORATO ENGUIDANOS, MARIA A <b>STREET ADDRESS</b> 151 CRANDON BV UNIT 728 <b>CITY-ST-ZIP</b> KEY BISCAIYNE, FL 33149	<input type="checkbox"/> Delete		<b>TITLE</b> Pres <b>NAME</b> Morato Enguidanos, Maria A <b>STREET ADDRESS</b> 151 Crandon Bv Unit 728 <b>CITY-ST-ZIP</b> Key Biscayne, FL 33149	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> P <b>NAME</b> <del>POSTIGO LOPEZ, JOSE L</del> <b>STREET ADDRESS</b> <del>151 CRANDON BV UNIT 728</del> <b>CITY-ST-ZIP</b> <del>KEY BISCAIYNE, FL 33149</del>	<input checked="" type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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 reports 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.</b>					
<b>SIGNATURE:</b>		<b>MARIA A. MORATO</b>		<b>4-15-04</b>	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	