2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000031090

FILED Jan 20, 2004 8:00 am Secretary of State 01-20-2004 90070 017 ***150.00

1711 DOI	NNA ROA	AD ASSOCIA	TES, INC	· .									
105 SOUTH NARCISSUS AVENUE 105 SO SUITE 602 SUITE 6			SUITE 602	SOUTH NARCISSUS AVENUE									
2. Principal P	lace of Busin	ess	3.	Mailing Address									
Suite, Apt.	#, etc.			Suite, Apt. #, etc.				01122004	Chg-P	CR2	E034 (10/s	03)	
City & Stat	е			City & State				4. FEI Numbe				+	lied For Applicable
Zip		Country		Zip	Coun	ntry		5. Certificate	of Status Desired		\$8.75 Fee Req		ional
		and Address of C		stered Agent				7. Name and	Address of New		Agent		
		The total Contraction.			-	Name - 1	~~ ~~ *		*				
KERRY R. 1645 PALI SUITE 720	M BEACH	ICKE, P.A. LAKES BOULE	EVARD	•		Street Add	dress (F	O. Box Numbe	r is Not Accepta	ple)			
WEST PAI	LM BEACH	1, FL 33401						<u> </u>					
						City				F	L Zip (Code	
8. The above the obligate SIGNATURE.	tions of regist	y submits this states ered agent. or printed name of register		ourpose of changing its		ed office or r			h, in the State of	Florida. I ar	· 	vith, a	nd accept
	aignature, typed t	or printed have of register	red agent and the	Trapplicable. (140)	c. negistera	au Agent signature	c isdoved	wilen (Susrding)		DATE			
h													
FIL After M	E NOW!!! ay 1, 2004	FEE IS \$150.0 4 Fee will be \$	00 \$550.00	9. Election Campa Trust Fund Conf			\$5. Adde	00 May Be ed to Fees					
FIL After M	ay 1, 2004	Fee will be	00 \$550.00 RS AND DIRE	Trust Fund Cont			\$5. Adde		CHANGES TO O	FFICERS AI	ND DIRECT	ORS	IN 11-
After M 10. TITLE NAME	PD THOMAS,	Fee will be \$ OFFICER	\$550.00 RS AND DIRE	Trust Fund Conf	11. TITU	E IE	\$5. Adde		CHÂNGES TO O	FFICERS AN	ND DIRECT		IN 11-
10.	PD THOMAS, 105 SOUT	4 Fee will be \$	\$550.00 IS AND DIRE AVENUE, S	Trust Fund Conf	11. TITLI NAM STRE	[] []	\$5. Adde		CHANGES TO O	FFICERS AN			
10. TITLE NAME STREET ADDRESS	PD THOMAS, 105 SOUT WEST PA	OFFICER OFFICER NORMAN 'H NARCISSUS LM BEACH, FL	\$550.00 IS AND DIRE AVENUE, S	Trust Fund Conf	11. TITLI NAM STRE	E SEET ADDRESS '-ST-ZIP	\$5. Adde		CHANGES TO O	FFICERS AI		nge	
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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:	2/	7 (Norman	Thomas	1-13-04	561-459-6554
SIGN	VATION AND TYPE	OR PRINTER	NAME OF SIGNING OFFICER OR DIRECTOR		Oata	Daytima Phone #

Sec. 1