


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90338 041 ***150.00

DOCUMENT # P97000034086	
1. Entity Name THOMAS KOUJALES PA	

Principal Place of Business 445 COLUMBUS ST SEBASTIAN FL 32458	Mailing Address 445 COLUMBUS ST SEBASTIAN FL 32458
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2. Principal Place of Business 445 COLUMBUS ST	3. Mailing Address 445 COLUMBUS ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State SEBASTIAN FL	City & State SEBASTIAN FL
Zip 32958	Zip 32958
Country	Country

4. FEI Number 65-0745015	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KOUJALES, THOMAS 6407 EAST HOLLANDAIRE DRIVE BOCA RATON FL 33433	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City FL	Zip Code

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 THOMAS KOUJALES PA	DATE 4-5-04
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KOUJALES, THOMAS 6407 EAST HOLLANDAIRE DRIVE BOCA RATON FL 33433 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTS KOUJALES, BARBARA 6407 EAST HOLLANDAIRE DRIVE BOCA RATON FL 33433 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KOUJALES, THOMAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 445 COLUMBUS ST SEBASTIAN, FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition KOUJALES, BARBARA 445 COLUMBUS ST SEBASTIAN, FL 32958
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"/> Change <input type="checkbox"/> Addition
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"/> 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 THOMAS KOUJALES	DATE 4-5-04	DAYTIME PHONE # 772 388-0559
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		