


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-07-2004 90042 042 ***150.00

DOCUMENT # P97000038927 1. Entity Name THINK TRACK, INC.					
Principal Place of Business 1700 SW 1ST AVE., #607 MIAMI FL 33129			Mailing Address 1700 SW 1ST AVE., #607 MIAMI FL 33129		
2. Principal Place of Business 2000 South Dixie Highway		3. Mailing Address 			
Suite, Apt. #, etc. Suite 104		Suite, Apt. #, etc. 			
City & State Miami, Florida		City & State 			
Zip 33133-2441		Country 		Zip 	
Country 		Country 			
6. Name and Address of Current Registered Agent TAYLOR, J. BENNETT 1700 SW 1ST AVE #607 MIAMI FL 33129				7. Name and Address of New Registered Agent Name - TAYLOR, J. Bennett Street Address (P.O. Box Number is Not Acceptable) 3001 S.W. 1st Ave. #201 City Miami FL Zip Code 33129-2743	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State </div> <div style="width: 60%;"> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO TAYLOR, J. BENNETT <input type="checkbox"/> Delete 1700 SW 1ST AVE #607 MIAMI FL 33129		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President & CEO TAYLOR, J. Bennett <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3001 S.W. 1st Ave., #201 Miami, FL 33129-2743	
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	
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	
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	



MOORE CR2E034 (11/03)

4. FEI Number 65-0782632	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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: J. Bennett Taylor 4/3/04 (305) 860-0303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #