

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000043705

FILED
Apr 27, 2004
Secretary of State

Entity Name: SOUTH FLORIDA TEST FIXTURES, INC.

Current Principal Place of Business:

3260 NW 23RD AVE
E1000
POMPANO BEACH, FL 33069 US

New Principal Place of Business:

8065 S. E DOUBLE TREE DR.
HOBE SOUND, FL 33455 US

Current Mailing Address:

3260 NW 23RD AVE
E1000
POMPANO BEACH, FL 33069 US

New Mailing Address:

8065 S.E. DOUBLE TREE DR.
HOBE SOUND, FL 33455 US

FEI Number: 65-0756596

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORD, THOMAS J
3111 OAKLAND SHORES DRIVE
OAKLAND PARK, FL 33309

Name and Address of New Registered Agent:

FORD, THOMAS J
8065 S.E. DOUBLE TREE DR.
HOBE SOUND, FL 33455 US

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.

SIGNATURE:

04/27/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: FORD, THOMAS J
Address: 3111 OAKLAND SHORES DRIVE
City-St-Zip: OAKLAND PARK, FL 33309

Title: D () Delete
Name: FORD, THOMAS J
Address: 3111 OAKLAND SHORES DRIVE
City-St-Zip: OAKLAND PARK, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change () Addition
Name: FORD, THOMAS J
Address: 8065 S.E. DOUBLE TREE DR.
City-St-Zip: HOBE SOUND, FL 33455 US

Title: D (X) Change () Addition
Name: FORD, THOMAS J
Address: 8065 S.E. DOUBLE TREE DR.
City-St-Zip: HOBE SOUND, FL 33455 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS J. FORD

PVST

04/27/2004

Electronic Signature of Signing Officer or Director

Date