

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000062578

Entity Name: ALTON PARTNERS, INC.

FILED  
Apr 30, 2004  
Secretary of State

## Current Principal Place of Business:

220 ALHAMBRA CIRCLE  
STE 400  
CORAL GABLES, FL 33134

## New Principal Place of Business:

## Current Mailing Address:

220 ALHAMBRA CIRCLE  
STE 400  
CORAL GABLES, FL 33134

## New Mailing Address:

FEI Number: 65-0772435

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CRIDEN, MICHAEL E  
200 S BISCAYNE BLVD  
STE 400  
CORLA GABLES, FL 33134 US

## Name and Address of New Registered Agent:

CRIDEN, MICHAEL E  
220 ALHAMBRA CIRCLE  
STE 400  
CORLA GABLES, FL 33134 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:

04/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: CRIDEN, MICHAEL E  
Address: 200 ALHAMBRA CIRCLE STE 400  
City-St-Zip: CORLA GABLES, FL 33134

Title: DV ( ) Delete  
Name: KATZ, TODD  
Address: 200 ALHAMBRA CIRCLE STE 400  
City-St-Zip: CORAL GABLES, FL 33134

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: CRIDEN, MICHAEL E  
Address: 220 ALHAMBRA CIRCLE STE 400  
City-St-Zip: CORLA GABLES, FL 33134

Title: DV (X) Change ( ) Addition  
Name: KATZ, TODD  
Address: 220 ALHAMBRA CIRCLE STE 400  
City-St-Zip: CORAL GABLES, FL 33134

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: MICHAEL E. CRIDEN

DP

04/30/2004

Electronic Signature of Signing Officer or Director

Date