* 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2004 08:00 AM Secretary of State

1. Entity Nan	MENT # P97000638	00			Sec	retary of Stan
1600 JOHNS	ce of Business SON STREET D, FL 33020	Mailing Address 8760 S.W. 160 ST MIAMI, FL 33157 US		1 10 2 11 10 1 111 111 111 111	; Wait Wate Switz 2011; 22/12	GEFFUN 1870ER EMILIE WESEN MUNISFER AN NEWER
C	O NOT WRITE		CE	, , , , , , , , , , , , , , , , , , ,	No Chg-P C	Applied For Not Applicable \$8.75 Additional Fee Required
WEITZEL, ALAN 8760 SW 160T STREET MIAMI, FL 33157			DO NOT WRITE IN THIS SPACE			
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE						
After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	 Election Campaign Finan Trust Fund Contribution, 	·	00 May Be ed to Fees	U00000 04/29/04-	140905 80180-025 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DIR VD LOTTES, DAVID M 1600 JOHNSON STREET HOLLYWOOD, FL 33020 PSTD	ECTORS .				
NAME STREET ADDRESS CITY - ST - ZIP	WEITZEL, ALAN 8760 S.W. 160 ST. MIAMI, FL 33157			=		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO N	IOT WRI	TE
TITLE NAME STREET ADDRESS CITY - ST - ZIP				IN Th	IIS SPA	CE
HAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filling 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: AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DIRECTO						