2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 28, 2004 8:00 am Secretary of State **DOCUMENT # P97000073728** 04-28-2004 90288 010 ***150.00 THE PLEASURE ZONE OF BROWARD, INC. Principal Place of Business Mailing Address 2604 N RIVERSIDE DR 2604 N RIVERSIDE DR POMPANO BEACH, FL 33062 POMPANO BEACH, FL 33062 1604 N.E. 40 1604 N. F. 473 Principal Place of Business Suite, Apt. #. etc. Suite, Apt. #, etc 01292004 CR2E034 (10/03) OM OCA City & State 4. FEI Number Applied For 65-0776021 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KAY, RODNEY L Street Address (P.O. Box Number is Not Acceptable) 480 S CYPRESS RD POMPANO BEACH, FL 33060 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DP ☑ Change ☐ Addition ☐ Delete TITLE TITLE KAY, RODNEY L NAME NAME 480 S CYPRESS RD STREET ADDRESS STREET ANDRESS CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH, FL 33060 TITLE TITLE Delete RODNCYE, KAY & MIS SPUBLE NAME NAME 2604 N RIBERSIDE DR . STREET ADDRESS STREET ADORESS CITY-ST-ZIP POMPANO BEACH, FL 33062 CITY-SY-ZIP TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITEF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-ST-7IP CITY-ST-7IP 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. 4126104. (561) 75

ER OR DIRECTOR

FILED