2004 FOR PROFIT CORPORATION ANNUAL REPORT

May 07, 2004 8:00 am Secretary of State **DOCUMENT # P97000086986** 05-07-2004 90142 001 ***450.00 1. Entity Name ADAMS & BJORNSON, INC. Principal Place of Business Mailing Address 801 BRICKELL AVENUE 801 BRICKELL AVENUE 66419895 16TH FLOOR 16TH FLOOR MIAMI, FL 33131 MIAMI, FL 33131 No Cha-P CR2E034 (10/03) 01082004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 65-0789357 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CT CORPORATION DO NOT WRITE 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. **DPST** TITLE BALSELLS, ANTONIO NAME 801 BRICKELL AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAMĘ STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 like empowered.

NAME STREET ADDRESS CITY-ST-ZIP

GNING OFFICER OR DIRECTOR

4/29/04 Date

305-381-8340

Daytime Phone #

FILED