2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCU 1. Entity Nam WHO'S 4	# P970000917			Feb 04, 2004 08:00 AM Secretary of State							
Bringing Plac	o of Dunings		Maitin	a Addross							
Principal Place of Business Mailing Address					√ #E						
3035 S FEDERAL HWY #5 DELRAY BEACH FL 33444				3035 S FEDERAL HWY #5 DELRAY BEACH FL 33444							
								A CHINGENEE FOR THICK CHING WARD REPORT OF	WARE WARRE FROM	 11076 1270 1107	
2. Principal Place of Business				3. Mailing Address			_				
Suite, Apt #, etc.			Suit	Suite, Apt. #, etc.				MOORE (CR2E034	(11/03)	
City & State			City & State				4.	FEI Number 65-0789796			pplied For ot Applicable
Zip	Country		Zip	Zip Cou		ntry	5.	5. Certificate of Status Desired Section Section 5. Section Section Status Desired Section Sec			
	6. Name	and Address of Currer	t Register	ed Agent	· · · · · · · · · · · · · · · · · · ·		7. 1	Name and Address of New Re	gistered	Agent	
DIELLO IOE					Name	ne					
RIELLO, JOE 963 ALLAMANDA DRIVE						Street Address (P.O. Box Number is Not Acceptable)					
DELRAY BEACH FL 33483											
					City	FL Zip Code					
The shove named entity submits this statement for the number of changing its registery.						ed office or regis	tered an	sent or hoth in the State of Flor			and accent
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 agont and little if applicable (NOTE, Registered Agent signature required when reinstating) DATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State								Election Campaign Fina Trust Fund Contribution		\$5.0 □ Adde	00 May Be d to Fees
10.		OFFICERS AN	D DIRECTO	DRS	11.		ΑΓ	DITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	IS IN 11
TITLE	P			☐ Delete	TITL					☐ Change	Addition
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	certify that th	e information supplied w	th this filing	does not qualify fo			Section	119.07(3)(i), Florida Statutes. I	further ce	rtify that the i	nformation
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.											

SIGNATURE: Are Ruello For Riello 2/2/04 561-276-7866

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dale Daytime Phone if

FILED