


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 29, 2004 8:00 am
Secretary of State

06-29-2004 90001 039 ***150.00

DOCUMENT # P98000013626 1. Entity Name SAPHIRE OF TAMPA BAY, INC.																																					
Principal Place of Business 2055-B N. DALE MABRY HWY TAMPA, FL 33607			Mailing Address 2055-B N. DALE MABRY HWY TAMPA, FL 33607																																		
2. Principal Place of Business 4201 W. Cypress Street			3. Mailing Address 4201 W. Cypress Street																																		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 																																		
City & State Tampa, FL			City & State Tampa, FL																																		
Zip 33607			Zip 33607																																		
Country USA			Country USA																																		
6. Name and Address of Current Registered Agent LIETZ, CHRIS 2055-B NORTH DALE MABRY HWY TAMPA, FL 33634				7. Name and Address of New Registered Agent Name Christopher C. Lietz Street Address (P.O. Box Number is Not Acceptable) 4201 W. Cypress Street City Tampa FL 33607																																	
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 Christopher C. Lietz President 6-25-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> D LIETZ, CHRIS 2055-B N DALE MABRY HWY TAMPA, FL 33607 <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIETZ, CHRIS 2055-B N DALE MABRY HWY TAMPA, FL 33607 <input type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> President Christopher C. Lietz 4201 W. Cypress Street Tampa, FL 33607 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Christopher C. Lietz 4201 W. Cypress Street Tampa, FL 33607 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition														
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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: Christopher C. Lietz <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			6-25-04 813-872-8011 <small>Date Daytime Phone #</small>																																		

54059162



06222004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3524506
Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

PAID ✓ # 1387