
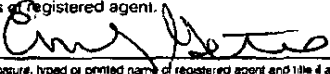
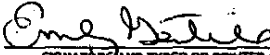


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2004 8:00 am
Secretary of State

04-19-2004 90718 049 ***150.00

| | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| DOCUMENT # P98000014829 | | | |  | |
| 1. Entity Name E. GENTILE & ASSOCIATES, INC. | | | | | |
| Principal Place of Business 5030 NW 57 TERRACE CORAL SPRINGS FL 33067 | | Mailing Address 5030 NW 57 TERRACE CORAL SPRINGS FL 33067 | | | |
| 3201 S. Ocean Blvd | | Same | | | |
| 2. Principal Place of Business # 803 | | 3. Mailing Address 3201 S. Ocean Blvd | | | |
| Suite, Apt. #, etc. Highland Bch | | Suite, Apt. #, etc. # 803 | | | |
| City & State FLORIDA | | City & State Highland Bch FL | | | |
| Zip 33487 | Country Palm Beach | Zip 33487 | Country PB | 4. FEI Number 65-0864428 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent GENTILE, EMILY 111 BRINY AVE. - SUITE 2004 POMPANO BEACH FL 33062 | | | | 7. Name and Address of New Registered Agent | |
| 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. | | | | NAME | |
| SIGNATURE  | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) | | | | City FL Zip Code | |
| DATE April 12, 2004 | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD GENTILE, EMILY 111 BRINY AVE. SUITE 2004 POMPANO BEACH FL 33062 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD EMILY GENTILE 3201 S. OCEAN BLVD # 803 Highland Bch FL 33487 | Address <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:  | | | EMILY GENTILE | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date April 26, 2004 | | |
| | | | Daytime Phone # 561 330-3037 | | |

66419225



MOORE CR2E034 (11/03)