2004 FOR PROFIT CORPORATION

	A	NNUAL RI	EPORT (AR	<u> </u>			- a
1. Entity Nam	ne	# P9800001551					FILED
Principal Place of Business			Mailing Address				- 04 MAR -8 AM II: 50
604 N. 62ND AVENUE HOLLYWOOD FL 33024			604 N. 62ND AVENUE HOLLYWOOD FL 33024				SECRETA Y NAME TALLAHAS TO PROJECT OF TALLAHAS TALLAHAS TO PROJECT OF TALLAHAS TALLAHAS TO PROJECT OF TALLAHAS TALLA
2. Principal Place of Business 4815 BUCHANAN ST Suite, Apt. #, etc.			3. Mailing Address 4815 BUCHANAN S Suite, Apt. #, etc.			NS	MOORE CR2E034 (11/03)
City & State HOLLYWOOD FL,			HOLLYWOOD FC.				4. FEI Number 65-0824009 Applied For Not Applicable
330	3021 BROWARD		33021	33021 BRO)	5. Certificate of Status Desired \$8.75 Additional Fee Required
•	6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent
110		RÍSTOPHER P LYNE BLVD #205 161		Street Address ((P.O. Box Number is Not Acceptable)
							FL Zip Code
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, pured or printed name registered agent and the 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						9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	
.10.	1.	OFFICERS AND	DIRECTORS	11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE *NAME STREET ADDRESS CITY-ST-ZIP	1	KATHY L HANAN STREET OOD FL 33021	☐ Delete	\		Kelle 3181	Change Paddition ev. Brickyet NE 1655+ H. MIAM, BEACH, FL 33160
TITLE NAME STREET ADDRESS	VPD GREEN, M 4815 BUC	ARTIN J HANAN STREET	☐ Delete	TITLE VAME STREE		TRE	E/DIR Nev. Damon 31 Ne 1655t Change Braddition BEACH, F2 33166
CITY-ST-ZIP	HOLLYWO	OOD FL 33021		СПР	ST-ZIP	Nov	THI MIAMI BEACH, TO 33/66 Addition
- NAME STREET ADDRESS CITY-ST-ZIP	Keller	Bridget NIS ST MINN BEACH		HAM STREI	E ADDRESS -ST-ZIP	7	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete			>	∑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete				☐ Change ☐ Addition 100030462801 03/15/0401026022 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete				☐ Change ☐ Addition
12. I hereby	certify that th	e information supplied with	this filing does not qualify fo	r the exer	mption stal	ted in Se	ection 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: Kurm Greene
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 22/04 894-0489
Date Dayline Phone #