


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000033001	
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Principal Place of Business 2316 SOUTHWEST 60 TERRACE MIRAMAR, FL 33023	Mailing Address 2316 SOUTHWEST 60 TERRACE MIRAMAR, FL 33023
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DO NOT WRITE IN THIS SPACE



04302004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0862801	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GOLDMAN, HOWARD 2316 SW 60TH TERR MIRAMAR, FL 33023	DO NOT WRITE IN THIS SPACE
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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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000157081 05/06/04-80012-015 150.00
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10. OFFICERS AND DIRECTORS	
TITLE PD	NAME GOLDMAN, HOWARD STREET ADDRESS 2316 SOUTHWEST 60 TERRACE CITY-ST-ZIP MIRAMAR, FL 33023
TITLE VST	NAME GOLDMAN, KAREN STREET ADDRESS 2316 SOUTHWEST 60 TERRACE CITY-ST-ZIP MIRAMAR, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Karen M. Goldman</i> Karen M. Goldman 4-30-04 (954) 893-7853	DATE	Daytime Phone #
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