


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90126 048 \*\*\*150.00

<b>DOCUMENT # P98000041622</b>	
1. Entity Name <b>RUNITA, CORP.</b>	

Principal Place of Business <b>974 S STATE RD 7 MARGATE FL 33068 US</b>	Mailing Address <b>974 S STATE RD 7 MARGATE FL 33068 US</b>
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2. Principal Place of Business <b>6555 Nova Drive</b>	3. Mailing Address <b>6555 Nova Drive</b>
Suite, Apt. #, etc. <b># 304</b>	Suite, Apt. #, etc. <b># 304</b>

City & State <b>Davie, FL</b>	City & State <b>Davie, FL</b>
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Zip <b>33317</b>	Country <b>USA</b>	Zip <b>33317</b>	Country <b>USA</b>
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MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent <b>PHILLIPS, ANITA 1920 SABAL PALM DRIVE #202 FORT LAUDERDALE FL 33324</b>	
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4. FEI Number <b>65-0837052</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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7. Name and Address of New Registered Agent	
Name <b>Anita Phillips</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>6555 Nova Drive #304</b>	
City <b>Davie</b>	FL Zip Code <b>33317</b>

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 *Anita Phillips* (NOTE: Registered Agent signature required when reinstating) DATE 4/9/04

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>PHILLIPS, ANITA</b>	
STREET ADDRESS <b>1920 SABAL PALM DRIVE, #202</b>	
CITY-ST-ZIP <b>FORT LAUDERDALE FL 33324</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>Anita Phillips</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>6555 Nova Dr. #304</b>	
STREET ADDRESS <b>Davie, FL 33317</b>	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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: *Anita Phillips* DATE 4/9/04 (954) 625-6920  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR