

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2004 8:00 am**  
**Secretary of State**

04-15-2004 90054 003 \*4,445.00  
04-15-2004 90054 004 \*5,080.00

**66411909**



03102004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3509427

Applied For
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

HERRICK, NORTON  
C/O THE HERRICK COMPANY, INC.  
2295 CORP. BLVD., N.W., SUITE 222  
BOCA RATON, FL 33431

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	VPS
NAME	HERRICK, NORTON
STREET ADDRESS	2295 CORP. BLVD., N.W., SUITE 222
CITY-STATE-ZIP	BOCA RATON, FL 33431

TITLE	PAS
NAME	HERRICK, HOWARD
STREET ADDRESS	2 RIDGEDALE AVE STE 370
CITY-STATE-ZIP	CEDAR KNOLLS, NJ 07927

TITLE	VPAS
NAME	HERRICK, MICHAEL
STREET ADDRESS	2 RIDGEDALE AVE STE 370
CITY-STATE-ZIP	CEDAR KNOLLS, NJ 07927

TITLE	C
NAME	KERMALLI, NISAR
STREET ADDRESS	2 RIDGEDALE AVE STE 370
CITY-STATE-ZIP	CEDAR KNOLLS, NJ 07927

TITLE	VPD
NAME	HERRICK, ELAYNE
STREET ADDRESS	400 SE 5TH AVE PH1104
CITY-STATE-ZIP	BOCA RATON, FL 33432

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

VPS