2004 FOR PROFIT CORPORATION

FILED

ANNUAL REPORT (AR)					May 17, 2004 8:00 am			
DOCUMENT # P98000044171 1. Entity Name					Secretary 0 05-17-2004 90009 02:	f State	2	
EVENTS PUBLICATIONS, INC.				03-17-2004 90009 02.	2 130.00			
Principal Plac	e of Business	Mailing Address	,, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
1481 SW GASTADOR AVE - 1481 SW GASTADOR AVE			₩E-					
PORT SAINT	T-LUCIE FL-34953-1777,	PORT-SAINT-LUCIE EL	34953-1777					
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2. Principal P	Pace of Business	3. Mailing Address						
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Suite, Apr.	#, etc.	Suite, Apt. #, etc.	,		MOORE CR2E0	34 (11/03)		
Olity & Stat	5	Cix/& State		- 4 E	El Number	T I Ani	olied For	
Pont	St. WGC FL	Vont ST.	WGGF	2	52-2105563	——	Applicable	
ZP /A	Country	Zi2. (Q.5)	ST. LVCI	5. C	ertificate of Status Desired	\$8.75 Addi		
749	5V 51, LUCIU	79932	71,000			Fee Required		
	Name and Address of Current F	Registered Agent	Name 14	7. No	ame and Address of New Registere	d Agent		
MICHAILE COLICI ;				16/	TIVLE COHE			
1481 SW BASTADOR AVE				Street Address (P.O. Box Number is Not Acceptable)				
POF	ST SAINT LUCIE FL 34953-1	777		_4	re virty pour	-1000	<u></u>	
			- 0	01000		7:40.		
			City	DILL 5	TI WCIE, F	L 417364	952	
8. The above	named entity submits this statement for	the purpose of changing its	registered office or reg	pistered age	ent, or both, in the State of Florida. Ta	m familiar with,	and accept	
the obligat	tions of redistered agent.	17.1.			571	1		
SIGNATURE	_ 'MMMX	collen	<u> </u>		7/2	floor		
are the increase of the	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registered Agent signature re	quired when rei	nstating) DAT	E .		
And the second second second second	FILE NOW!!!\ FEE IS \$150.00				9. Election Campaign Financing	\$5.0	0 May Be	
Service of the servic	r May 1, 2004 Fee will be \$550.00 k Payable to Florida Department of	State		İ	Trust Fund Contribution.		to Fees	
14 21 N 18 19 19 10 10	医动物医医切迹 化多次次 医多种 医多种 医多种性 医多种性 医多种性	(Caracas)			DITIONS/CHANGES TO OFFICERS A	ND DIDECTOR	\(\begin{align*}(1) & \delta &	
10.	OFFICERS AND I		TITLE	DIA	DITIONS/CHANGES TO OFFICERS A	Change	Addition	
NAME	MELVILLE, COHEN S	Delete	NAME	1100	1VL Bound	Change	L. Addition	
STREET ADDRESS	1481 SW GASTAOOR AVE	·	STREET ADDRESS		11165. COHEN	سرساو درا		
CITY-ST-ZIP	PORT SAINT LUCIE FL 34953		CITY-ST-ZIP	114 3	E WAY PAIR Y	TNEZYE	55	
TITLE	·	☐ Delete	TITLE	7010	1 - M. DUCHE / 1	☐ Change	Addition	
NAME	` ·		NAME					
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CITY-ST-ZIP			CITY-ST-ZIP				- Addition	
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TITLE NAME			TITLE NAME			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			☐ Change	Addition	
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)(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.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

☐ Change

Addition