2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2004
Secretary of State

DOCUMENT# P98000081962

Entity Name: ABB PRODUCTS OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

2301 NW 33 CT.
BAY 115
POMPANO BEACH, FL 33069

New Principal Place of Business:

2861 CENTER PORT CIRCLE
POMPANO BEACH, FL 33064

Current Mailing Address:

2301 NW 33 CT.
BAY 115
POMPANO BEACH, FL 33069

New Mailing Address:

2861 CENTER PORT CIRCLE
POMPANO BEACH, FL 33064

FEI Number: 65-0869774 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHWARTZ, TERRENACE S ESQ
141 N.E. THIRD AVE., STE. 601
MIAMI, FL 33132 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: KUZNETS, LESTER
Address: 2200 N.W. 32 STREET, BAY 1500
City-St-Zip: POMPANO BEACH, FL 33069

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition
Name: KUZNETZ, LESTER
Address: 2861 CENTER PORT CIRCLE
City-St-Zip: POMPANO BEACH, FL 33064

Title: VP ( ) Change (X) Addition
Name: KUZNETZ, KEVIN
Address: 2861 CENTER PORT CIRCLE
City-St-Zip: POMPANO BEACH, FL 33064

Title: DIR ( ) Change (X) Addition
Name: KUZNETZ, DENNIS
Address: 2861 CENTER PORT CIRCLE
City-St-Zip: POMPANO BEACH, FL 33064

Title: DIR ( ) Change (X) Addition
Name: KUZNETZ, MICHAEL
Address: 2861 CENTER PORT CIRCLE
City-St-Zip: POMPANO BEACH, FL 33064

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LESTER KUZNETZ P 01/08/2004

Electronic Signature of Signing Officer or Director — Date