2004 FOR PROFIT CORPORATION

FILED Apr 26, 2004 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # P98000090137 ANGÉLA KIRK, P.A. Principal Place of Business Mailing Address 18 NE 2ND AVENUE 18 NE 2ND AVENUE DANIA BEACH, FL 33004 DANIA BEACH, FL 33004 02052004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FE! Number Applied For 65-0876020 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent KIRK, ANGELA DO NOT WRITE 18 NÉ 2ND AVENUE DANIA BEACH, FL 33004 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 tills if applicable. (NOTE Registered Agent signature required when reinstaling) DATE \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Added to Fees Trust Fund Contribution. U00000131081 OFFICERS AND DIRECTORS 04726704-80142-010 ISO.00 10. TITLE NAME KIRK, ANGELA STREET ADDRESS 18 NE 2ND AVENUE CITY-ST-ZIP DANIA BEACH, FL 33004 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 eath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this import 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 impowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

OFFICER OR DIRECTOR