2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 24, 2004 8:00 am DOCUMENT # P98000100590 **Secretary of State** 1. Entity Name 03-24-2004 90036 040 ***150.00 WILLIAM XANTTOPOULOS, P.A. Principal Place of Business Mailing Address 100 S.E. 2ND ST SUITE 3950 MIAMI FL 33131 100 S.E. 2ND ST SUITE 3950 MIAMI FL 33131 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0878460 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent XANTTOPOULOS, WILLIAM PA Street Address (P.O. Box Number is Not Acceptable) 100 S.E. 2ND ST SUITE 3950 MIAMI FL 33131 City Zip Code 8. The above named entity submits this statement for ose 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 reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition XANTTOPOULOS, WILLIAM P.A. NAME 100 SE 2ND ST STE 3950 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33131 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 7171 F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information Su with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information out 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if indicated on this report or supplemental of the corporation or the receiver changed, or on an attachment w ass, with all other like empowered.

FILED

Daytime Phone #