



2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

04 JUN 14 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000004724 1. Entity Name DRAIN MASTER OF SOUTH FLORIDA, INC.					
Principal Place of Business 905 SE FIRST WAY DEERFIELD BEACH FL 33441			Mailing Address 905 SE FIRST WAY DEERFIELD BEACH FL 33441		
2. Principal Place of Business 1717 S.W. 1ST WAY Suite, Apt. #, etc. #20		3. Mailing Address 1717 S.W. 1ST WAY Suite, Apt. #, etc. #20			
City & State DEERFIELD BEACH		City & State DEERFIELD BEACH		4. FEI Number 65-0888014	
Zip 33441		Country BROWARD		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BORNSTEIN, SCOTT 905 S.E. FIRST WAY DEERFIELD BEACH, FL 33441				7. Name and Address of New Registered Agent Name MICHAEL J. MILLER Street Address (P.O. Box Number is Not Acceptable) 2535 NE 15TH ST. City POMPANO BEACH FL Zip Code 33062	
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 <u><i>Michael Miller</i></u> DATE <u>6/10/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BORNSTEIN, SCOTT 6015 NW 80 TERRACE POMPANO BEACH, FL 33067	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETER GURECKIS 5010 N.E. 24 TH AVE LIGHTHOUSE POINT FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, MICHAEL 2535 NE 15TH STREET POMPANO BEACH, FL 33062	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSEPH K. WINTERS 2689 TARPON LAKE WAY WEST PALM BEACH FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	600038020596 06/16/04--01059--001 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Michael Miller</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u>6/10/04</u> <small>Date Daytime Phone #</small>	