

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91304 048 ***150.00

DOCUMENT # P99000013133

1. Entity Name
5580 HOLDINGS, INC.

*NEW
4/22/03*



Principal Place of Business
601 S HARBOUR ISLAND BLVD
STE 200
TAMPA, FL 33602 US

Mailing Address
601 S HARBOUR ISLAND BLVD
STE 200
TAMPA, FL 33602 US

2. Principal Place of Business
5487 Jet Port Industrial Blvd.
Suite, Apt. #, etc.

3. Mailing Address
5487 Jet Port Industrial Blvd.
Suite, Apt. #, etc.

City & State
Tampa, FL

City & State
Tampa, FL

Zip
33634

Country
USA

Zip
33634

Country
USA



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
TOD HODGES, GEOFFREY ESQ
601 SOUTH HARBOUR ISLAND BLVD.
STE 200
TAMPA, FL 33602

4. FEI Number
59-3688007

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent
Name *Geoffrey Todd Hodges*
Street Address (P.O. Box Number is Not Acceptable)
5487 Jet Port Industrial Blvd.
City *Tampa* FL Zip Code *33634*

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 the registered agent.

SIGNATURE *[Signature]* *Geoffrey Todd Hodges* DATE *4/25/03*

Signature, title or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE DST	<input type="checkbox"/> Delete
NAME TODD HODGES, GEOFFREY	
STREET ADDRESS 601 S HARBOUR ISLAND BLVD, STE 200	
CITY-ST-ZIP TAMPA, FL 33602	
TITLE D	<input type="checkbox"/> Delete
NAME FISCHMAN, ARNOLD	
STREET ADDRESS 220 CLIFTON BLVD	
CITY-ST-ZIP CLIFTON, NJ 07011	
TITLE P	<input checked="" type="checkbox"/> Delete
NAME DESOSTOA, VINCENT	
STREET ADDRESS 1055 PARSIPPANY BLVD., STE 602	
CITY-ST-ZIP PARSIPPANY, NJ 07054	
TITLE CTO	<input checked="" type="checkbox"/> Delete
NAME HUESTIS, MICHEAL	
STREET ADDRESS 1055 PARSIPPANY BLVD., STE 602	
CITY-ST-ZIP PARSIPPANY, NJ 07054	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Geoffrey Todd Hodges	
STREET ADDRESS 5487 Jet Port Industrial Blvd.	
CITY-ST-ZIP Tampa, FL 33634	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: *[Signature]* *Geoffrey Todd Hodges* DATE *4/25/03* DAYTIME PHONE # *813-262-2365*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)