

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2004 8:00 am
Secretary of State

07-15-2004 90009 022 ***150.00

DOCUMENT # P99000020447	
1. Entity Name INVENTIVE MINDS, INC.	

Principal Place of Business 5839 N.W. 74TH TERRACE PARKLAND, FL 33067	Mailing Address 5839 N.W. 74TH TERRACE PARKLAND, FL 33067
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44040360



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State		City & State	
Zip	Country	Zip	Country

03212003 Chg-P CR2E034 (10/03)

4. FEI Number 65-0910319		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		-\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent KITTERMAN, CHRISTINA M 300 S.E. 2ND STREET SUITE 860 FORT LAUDERDALE, FL 33301		7. Name and Address of New Registered Agent
		Name
		Street Address (P.O. Box Number is Not Acceptable)
		City FL Zip Code

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

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$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	P KITTERMAN, CHRISTINA M 901 S.E. 12TH AVE. DEERFIELD BEACH, FL 33341	<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	TR CARPENTER, ERIC G 7246 N.W. 66 ST. MIAMI, FL 33166	<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	VP SURDIS, GRACE 5839 N.W. 74TH TERRACE PARKLAND, FL 33067	<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	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	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	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: Grace Surdis **GRACE SURDIS** 7/1/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

44048929

Irwin B. Freund, C.P.A./PFS
Lawrence L. Fisher, C.P.A.
Steven A. Young, C.P.A./PFS
Steven Goldston, C.P.A./PFS
Mitchell T. Katz, C.P.A.

Sara D. Jewett, C.P.A.



10729 S.W. 104th Street
Killian Professional Village
Miami, Florida 33176
(305) 279-1288
Fax (305) 596-1372

3111 University Drive
Suite 720
Coral Springs, Florida 33065
(954) 345-8666
Fax (954) 755-3766

Please Reply To:

Coral Springs

May 27, 2004

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Ref: Inventive Minds Inc.

Doc#: P99000020447

Period: 2004

Gentlemen:

The 2003 Annual Report for above referenced taxpayer reflected a change of address. This year the Annual Report notice (postcard) was not received in the mail as a reminder. In previous years, fees were always paid before the cutoff date. Please accept the enclosed Annual Report for the year 2004 with a check in the for \$150.00.

Thank you

Sincerely,

FREUND, FISHER, GOLDSTON & CO, P.A.

Mitchell Katz

MK:bs

Enclosure