

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000026412

FILED  
Jul 02, 2004  
Secretary of State

Entity Name: SOUTH FLORIDA KINETICS, INC.

## Current Principal Place of Business:

11190 BISCAYNE BOULEVARD  
MIAMI, FL 33181

## New Principal Place of Business:

## Current Mailing Address:

11190 BISCAYNE BOULEVARD  
MIAMI, FL 33181

## New Mailing Address:

FEI Number: 65-0576115

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HARRIS, MICHAEL ESQ.  
MICHAEL HARRIS, PA  
1555 PALM BEACH LAKES BLVD., STE. 310  
WEST PALM BEACH, FL 33401 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: KRINSKY, LISA M.D.  
Address: 11190 BISCAYNE BOULEVARD  
City-St-Zip: MIAMI, FL 33181

Title: VD ( ) Delete  
Name: HANTMAN, ARNOLD  
Address: 11190 BISCAYNE BOULEVARD  
City-St-Zip: MIAMI, FL 33181

Title: D ( ) Delete  
Name: HOLMES, GREGORY DR.  
Address: 11190 BISCAYNE BOULEVARD  
City-St-Zip: MIAMI, FL 33181

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARNOLD HANTMAN

VD

07/02/2004

Electronic Signature of Signing Officer or Director

Date