FROM : FAX NO. :5616378171

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May 03, 2004 8:00 am
Secretary of State

05-03-2004 90391 032 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000040326

1. Entity Name
ER HOLDINGS, INC.

Principal Place of Business	Mailing Address
1515 NORTH FEDERAL HIGHWAY #300 BOCA RATON, FL 33432 US	1515 NORTH FEDERAL HIGHWAY #300 BOCA RATON, FL 33432 US

94077669

DO NOT WRITE IN THIS SPACE

04292004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0935106
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RUBINO, RICHARD L ESQ.
1515 N. FEDERAL HWY.
SUITE 300
BOCA RATON, FL 33432

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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 _____ DATE
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
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MASLER, ELISSA
STREET ADDRESS	1515 NORTH FEDERAL HWY. #300
CITY ST ZIP	BOCA RATON, FL 33432
TITLE	VP
NAME	MASLER, ELISSA
STREET ADDRESS	1515 NORTH FEDERAL HWY. #300
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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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: Elissa Masler MASLER ELISSA 04/28/04 561-702-9091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #