2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: 3

DOCUMENT # P99000045441 ~ 1. Entity Name							Feb 04, 2004 08:00 AM Secretary of State				
FAROG, II							Seci etai	JUIK			
Principal Place	e of Business	Mailing Add	iress			\neg					
714 N.E. 27		714 N.E. 27 AVE.									
HALLANDAS	LE FL 33009	HALLANDALE FL 33009									
2. Principal P	lace of Business	3. Mailing Address				a comment					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					MOORE CR2E034 (11/03)				
City & State	9	Cdy & State			- 1	4. FE	Number 65-0950897	7		oplied For of Applicable	
Zıp	Zip Country		Isp Coun		try	5. Certificati		rtificate of Status Desired		\$8.75 Add	
	ent				7. Name and Address of New Registered Agent						
GREENBERT. FRANK					Name						
714	N.E. 27 AVE.				Street Address (P.O. Box Number is Not Acceptable)						
HAL	LANDALE FL 33009					·					
					City				FL	Zip Cod	e
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 fail										familiar with,	and accept
the obligations of registered agent.											
SIGNATURE Signature typed or printed name of registered agont and take if applicable. (NOTE, Registered Agent signature required when releastating) DATE											
FILE NOW!!! FEE IS \$150.00								9. Election Campaign Fir	ancina	\$5.0	O May Be
After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State								Trust Fund Contribution			to Fees
10.	OFFICERS AND DIRECTORS 11.						ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	D Dejete II				1		☐ Change ☐ Addition ☐ U00000034076				
NAME STREET ADDRESS	GREENBERG, FRANK 714 N.E. 27 AVE.	NAM STRE			EET ADDRESS				9 150.00		
CAY-ST-ZIP	HALLANDALE FL 33009			CETY	'-ST-ZIP						
TITLE			☐ Delete	TITL!						☐ Change	Addition
NAME STREET ADDRESS					et address						
CITY-ST-ZIP				CITY	-ST-ZIP						
TITLE			Delete	JTIT Man	ţ					Change	Addition
NAME STREET ADDRESS	•				EET ADDRESS						
CITY-ST-ZIP			_	CETY	-ST-28P						<u> </u>
TITLE NAME			☐ Delete	FITE:	ŧ					☐ Change	Addition
STREET ADDRESS					EET ADDRESS			•			
CITY-SI-ZIP			_	CITY	-ST-ZIP						
NAME			☐ Delete	BTL NAM						Change	☐ Addition
STREET ADDRESS				1	EET ADDRESS						
CITY-ST-ZIP				-	/-ST-ZIP		· · ·				F3 . 1.10
TITLE NAME			☐ Delete	TETL						Change	☐ Addition
STREET ABDRESS					EET ADDRESS						
CITY-ST-ZIP					/-ST-ZJP						
12. I hereby indicated	certify that the information supplied wit I on this report or supplemental report	h this filing does is true and accu	s not qualify for trate and that m	the exe y signa	emption stated ture shall have	in Secti e the sai	tion 11 me le	19.07(3)(i), Florida Statutes. gai effect as if made under	I further ce cath, that I	rtify that the i am an office	nformation r or director
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 eath, 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, withall other like empowered.											

2-1-04

954-458-683

FILED