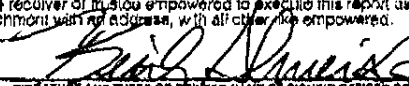


FROM :WALTER T SAMUELSON

FAX NO. :9546806222

Apr. 27 2004 01:54PM P1

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000045848		
1. Entity Name ALMEIDA INDUSTRIES, INC.		
Principal Place of Business 4420 NW 12TH AVENUE FORT LAUDERDALE, FL 33309		Mailing Address 4420 NW 12TH AVENUE FORT LAUDERDALE, FL 33309
DO NOT WRITE IN THIS SPACE		
04272004 No Chg-P CR2E034 (10/03) 4. FEI Number 65-0921180 Applied For Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fees Required		
6. Name and Address of Current Registered Agent ALMEIDA, KEITH 4420 NW 12TH AVENUE FORT LAUDERDALE, FL 33309		DO NOT WRITE IN THIS SPACE
8. The above named entity submit 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 fee is required when reinstating) DATE _____		
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 NAME STREET ADDRESS CITY- ST- ZIP	PSTD ALMEIDA, KEITH 4420 NW 12TH AVENUE FORT LAUDERDALE, FL 33309	
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		
TITLE 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(9)(b), 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 insolvency 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 fees empowered.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/27/04 DATE