## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SUGNATURE AND TYPED OR PRINTED NAME OF

## May 25, 2004 08:00 AM Secretary of State **DOCUMENT # P99000071713** LAURENTE INC Mailing Aridress Principal Place of Business 1041 NW 125 AVE 1041 NW 125 AVE SUNRISE, FL 33323 SUNRISE, FL 33323 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 65-0939295 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent TACHER, DAVID Street Address (P.O. Box Number is Not Acceptable) 1041 NW 125 AVE SÜNRISE, FL 33323 Zip Code FL 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 Stanature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees **OFFICERS AND DIRECTORS** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Addition ☐ Change TITLE Defete TETEE VALANTE, SALVATORE MAME NAME STREET ADDRESS STREET ADDRESS 11191 SW 42 CT U00000161461 U5/25/04-80001-0184mg15U50444880m CITY-ST-ZIP **DAVIE, FL 33328** CITY-ST-ZP ۷P TITLE BEE ☐ Detete VALENTE, LAUREN NAME NAME 11191 SW 42 CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DAVIE, FL 33328** ☐ Change Addition ☐ Celete TITLE RRE NAME STREET ADORESS STREET ADORESS CITY-ST-ZP CITY-ST-ZIP 31 F Delete BRE Chance Addition NAME NAME STREET ADDRESS STREET AUDRESS C31Y-57-ZIP CITY-SE-78 TITLE ☐ Delete BBLE ☐ Change Addition MAME MAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZP TITLE Delete Change ☐ Addition NAME NUME STREET ADDRESS STREET ADDRESS CETY-ST-71P 12. Thereby certify that the information supplied with this filling 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 oats; 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 13 if changed, or on an attachment with an address, with all other like empowered.

(ALI) ALENTE

**FILED**