

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90039 028 \*\*\*150.00

44006556



01222004 Chg-P CR2E034 (10/03)

4. FEI Number **65-0948156** Applied For ☐ Not Applicable ☐

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

**DOCUMENT # P99000080926**  
1. Entity Name  
**ABSOLUT LOCATIONS, INC.**



Principal Place of Business  
**14190 SW 77 AVENUE  
MIAMI, FL 33158**

Mailing Address  
**14190 SW 77 AVENUE  
MIAMI, FL 33158**

2. Principal Place of Business  
**16843 SW 19th Pl**  
Suite, Apt. #, etc.

3. Mailing Address  
**16843 SW 79th Pl**  
Suite, Apt. #, etc.

City & State  
**Miami FL**

City & State  
**Miami FL**

Zip  
**33157** Country

Zip  
**33157** Country

6. Name and Address of Current Registered Agent  
**FARAH, CARLOS M  
999 PONCE DE LEON BLVD  
SUITE 625  
CORAL GABLES, FL 33131**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DUFFEY-HALLEBO, RITA 14190 SW 77 AVENUE MIAMI, FL 33158</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DUFFEY-HALLEBO, RITA 16843 sw 79th Pl Miami, FL 33157</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** *Carl Hall* **1/28/04** **305 934.7224**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #