

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

FILED  
Apr 27, 2004 08:00 AM  
Secretary of State

P3452



04202004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0962462 Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SIMIGRAN, KENNETH H  
150 E PALMETTO PARK ROAD #401  
BOCA RATON, FL 33432

DO NOT WRITE  
IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable.

(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

U00000133906  
04/27/04-80106-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SIMIGRAN, KENNETH H
STREET ADDRESS	150 E PALMETTO PARK ROAD #401
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	150 E. PALMETTO PARK ROAD, #340
NAME	BOCA RATON, FL 33432
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	

DO NOT WRITE  
IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #