2004 FOR PROFIT CORPORATION

ANNUAL REPORT

Apr 22, 2004 8:00 am Secretary of State 04-22-2004 90041 020 ***150 00 DOCUMENT # P99000091509 MFD MANAGEMENT, INC. **94060401** Mailing Address Principal Place of Business 1951 S. MILITARY TRAIL 1951 S. MILITARY TRAIL WEST PALM BEACH, FL 33415 WEST PALM BEACH, FL 33415 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 03122004 Chg-P CR2E034 (10/03) City & State 4. FEI Number Applied For City & State 65-0958729 Not Applicable Country \$8.75 Additional Zip Country Zφ 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CUSACK, LORRY A Street Address (P.O. Box Number is Not Acceptable) 1951 S. MILITARY TRAIL WEST PALM BEACH, FL 33415 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, typed or printed name of registored agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change TITLE Delete TITLE antoe, Michael CANTOR, LAURIE NAME NAME 1951 S. Military Trail West Palm Beach, FL 33415 STREET ADDRESS 1951 S. MILITARY TRAIL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH, FL 33415 TITLE 🔀 Addition HTLE Delete Deborah SLoune 1951 S. Military Trail 1857 Palm Beach FL CUSACK, LORRY A NAME NAME STREET ADDRESS STREET ADDRESS 1951 S. MILITARY TRAIL 33415 CITY- ST- ZIP WEST PALM BEACH, FL 33415 CITY-ST-ZIP Detete Addition TITLE PERITZ, SUSAN NAME NAME 1951 S. MILITARY TRAIL STREET ADDRESS STREET ADDRESS WEST PALM BEACH, FL 33415 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 small 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 reports 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: Y

CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan Peritz

FILED