

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000103679

FILED  
Feb 10, 2004  
Secretary of State

Entity Name: ENVIRONMENTAL PERFORMANCE SYSTEMS, INC.

**Current Principal Place of Business:**

10502 N.W. 134TH STREET  
HIALEAH GARDENS, FL 33018

**New Principal Place of Business:**

12650 NW S RIVER DR  
MEDLEY, FL 33178 US

**Current Mailing Address:**

10502 N.W. 134TH STREET  
HIALEAH GARDENS, FL 33018

**New Mailing Address:**

12650 NW S RIVER DR  
MEDLEY, FL 33178 US

FEI Number: 65-0964250      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

ESQUIRE CORPORATE SERVICES, INC.  
780 N.W. LE JEUNE RD., SUITE 324  
MIAMI, FL 33126 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: POU, GABRIEL  
Address: 10502 NW 134 ST.  
City-St-Zip: HIALEAH, FL 33018

Title: S ( ) Delete  
Name: POU, ANTONIO  
Address: 10502 NW 134 ST.  
City-St-Zip: HIALEAH, FL 33018

Title: T ( ) Delete  
Name: POU, GABRIEL H  
Address: 10502 NW 134 ST  
City-St-Zip: HIALEAH, FL 33018

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: POU, GABRIEL  
Address: 12650 NW S RIVER DR  
City-St-Zip: MEDLEY, FL 33178 US

Title: S (X) Change ( ) Addition  
Name: POU, ANTONIO  
Address: 12650 NW S RIVER DR  
City-St-Zip: MEDLEY, FL 33178 US

Title: T (X) Change ( ) Addition  
Name: POU, GABRIEL H  
Address: 12650 NW 134 ST  
City-St-Zip: MEDLEY, FL 33178 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GABRIEL POU

P

02/10/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date