


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # S06871 1. Entity Name FLAMINGO WHOLESALE INC.																													
Principal Place of Business 5874 CRYSTAL SHORES DR #108 BOYNTON BEACH FL 33437			Mailing Address 5874 CRYSTAL SHORES DR #108 BOYNTON BEACH FL 33437																										
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State		City & State		4. FEI Number 04-3126708																									
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent ALMAN, HARVEY 5874 CRYSTAL SHORES DR. UNIT 108 BOYNTON BEACH FL 33437				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 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ALMAN, HARVEY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5874 CRYSTAL SHORES DR. UNIT 108</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>BOYNTON BEACH FL 33437</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>U00000016232</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>01/28/04-80046-024 150.00</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	NAME	<input type="checkbox"/> Delete	NAME	ALMAN, HARVEY		STREET ADDRESS	5874 CRYSTAL SHORES DR. UNIT 108		CITY - ST - ZIP	BOYNTON BEACH FL 33437		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	U00000016232		STREET ADDRESS	01/28/04-80046-024 150.00		CITY - ST - ZIP		
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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: <u>Harvey Alman</u> HARVEY ALMAN <u>1/23/04</u> <u>561-865-4466</u>																													