## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DÖCÜMENT # S09238 1. Entity Name SECOND PIONEER CORPORATION



FILED Feb.17, 2004 08:00 AM Secretary of State

Principal Place of Business

225 NORTHEAST MIZNER BOULEVARD SUITE 780

BOCA RATON, FL 33432 US

Mailing Address

225 NORTHEAST MIZNER BOULEVARD SUITE 780

BOCA RATON, FL 33432

<u>:</u> --}

No Chg-P

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CR2E034 (10/03)

4. FEI Number 65-0231319

02102004

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JEFFREY H BECK TRUSTEE FOR SE BANKING CORP 225 NORTHEAST MIZNER BOULEVARD SUITE 780

## DO NOT WRITE IN THIS SPACE

BOCA RA	TON, FL 33432			IIN	I IIIO SPAN	<b>UE</b>	
8. The above the obligat	named entity submits this statement for the prions of registered agent.	ourpose of changing its registere	d office or	registered agent, or b	oth, in the State of Florida.	I am famíliar with	, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title it	Hannicohia (NOTE Projeterad	Agent rignetur	e required when reinstailing)	<del></del>	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finant Trust Fund Contribution.		\$5.00 May Be Added to Fees	U00000055 02/17/04-800		
10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	OFFICERS AND DIRECT PSTD  BECK, JEFFREY H  225 NORTHEAST MIZNER BLVD, SUI BOCA RATON, FL 33432	,	بر - ۱۷	agang Pagi Milian S		Market Control of Cont	The second secon
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			, <b>.</b>	oproving all community, see		to go to un unu	The second secon
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					on and an analysis of the second seco	The second of th	
NAME							}

12. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP

SIGNATURE AND PRED ON PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

render 2/10/04

561-447-8776 x26

Daytime Phone #