


2004 FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90044 028 \*\*\*150.00

<b>DOCUMENT # S22508</b> 1. Entity Name 20/20 INFORMATION SYSTEMS INC.	
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Principal Place of Business 4618 ALTON ROAD MIAMI BEACH, FL 33140	Mailing Address 4618 ALTON ROAD MIAMI BEACH, FL 33140
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44012773



01102004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3047393	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  BARBEITE, PLACIDO A. 4618 ALTON ROAD MIAMI BEACH, FL 33140
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARBEITE, PLACIDO A. 4618 ALTON ROAD MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARBEITE, MARIA E 4618 ALTON RD MIAMI, FL 33140
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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]* Pres. 2/18/04 (305) 672-4630  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #