2004 FOR PROFIT CORPORATION
. ANNUAL REPORT (AR)

1. Entity Nam	e	# <b>\$23123</b> PORATION	iiLi O					Feb 04, 2004 08:00 AM Secretary of State			
Principal Place	e of Business	<del></del>	Mailin	g Address							
Principal Place of Business 10780 HAYON DR BOCA RATON FL 33498 US			10780	10780 HAYON DR BOCA RATON FL 33498					: \$111 <b>- 610</b> 11 - <b>610</b> 11 <b>- 6</b>	IVIT WINTE NESSE SINT	1 <b>78</b> 1 41 4 <b>00</b> 1
2. Principal P	lace of Busin	ess	3. Mail	3. Mailing Address							
Suite, Apt. #, etc				Suite, Apt #, etc.					CR2E034	· · · · · ·	
City & State				City & State				4. FE! Number 59-3044736		No	plied For t Applicable
Zip	6. Name and Address of Current		Zip			try	5. Certificate of Status Desired		\$8.75 Additional Fee Required		
	6. Name	and Address of Cur	rent Registere	d Agent		Name		7. Name and Address of New R	egistered /	igent .	
107	RZIG, NEA 80 HAYO CA RATO					Street Address (P.O. Box Number is Not Acceptable)					
						City			FL	Zip Code	<b>;</b>
	ions of regist		Ar		•	ed office or reg		agent, or both, in the State of Flo	orida. I am I	amiliar with,	and accept
FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  Make Check Payable to Florida Department of State								Election Campaign Fin     Trust Fund Contributio	~ _	\$5.0 Added	O May Be to Fees
10.			AND DIRECTO	RS	11.	, ,		ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTORS	SINTI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HERZIG, N 10780 HAN BOCA RAT	EAL		☐ Delete	TITLI NAM STRE					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete		1		U0000003 02/06/04-80	5884 036-001	□ Change 3 150.00	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete					·	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete	CITY	ET ADORESS -ST-ZIP				☐ Change	Addition
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:  SIGNATURE:  SIGNATURE AND TYPEO DRAFFINTED NAME OF SIGNING OFFICER OR DIRECTOR  Day The Place P.  Day The Plac											

FILED