

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2004 8:00 am**  
**Secretary of State**

01-12-2004 90002 041 \*\*\*150.00

44000610



01052004 Chg-P CR2E034 (10/03)

4. FEI Number **65-0259290** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

BOATWRIGHT, LEONARD  
16155 SW 117 AVE  
STE. B-15  
MIAMI, FL 33137

## 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CAREY, GREGORY	
STREET ADDRESS	9625 DOMINICAN	
CITY-ST-ZIP	MIAMI, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOATWRIGHT, LEONARD M JR	
STREET ADDRESS	15410 SW 84TH AVE	
CITY-ST-ZIP	MIAMI, FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KOPPELMANN, W.J.	
STREET ADDRESS	13250 SW 96 STREET	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	OCEJO, ISABEL E	
STREET ADDRESS	660 SW 57 AVE #22	
CITY-ST-ZIP	MIAMI, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACOBS, RONALD	
STREET ADDRESS	3950 N. 43RD AVE	
CITY-ST-ZIP	HOLLYWOOD, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TAPPIN, ANTHONY R	
STREET ADDRESS	541 SUMMER MESA DR	
CITY-ST-ZIP	LAS VEGAS, NV 89134	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOATWRIGHT, LEONARD M JR	
STREET ADDRESS	15410 SW 84TH AVE	
CITY-ST-ZIP	MIAMI, FL 33157	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOPPELMANN, WILLIAM J.	
STREET ADDRESS	13220 SW 146 ST.	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAPPIN, ANTHONY R	
STREET ADDRESS	541 SUMMER MESA DR.	
CITY-ST-ZIP	LAS VEGAS NV 89134	

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: WILLIAM J. KOPPELMANN 1/5/2003 (305) 971-8960  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #