## -2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 29, 2004 08:00 AM Secretary of State

ANNOAL REPORT					Juli 22, 2004 00:00 111			
DOCUI 1. Entity Nam E.I.N., INC					Seci	etary of	State	
Principal Plac 16057 BRIEI DELRAY BEA		Mailing Address 16057 BRIER CREEK DR DELRAY BEACH, FL 33446		I 18841018 (c)	I KIRIN SEKINI KUSIN NIKEN NIKEN	I MANUL WANTA NEMLE MINUE WE	EN BIUMBUN 14 ISBN	
D	O NOT WRITE	IN THIS SPA	CE	01142004 4. FEI Numb 65-026		CR2E034 (10/	/03)   Applied For   Not Applicable   Additional	
6. Name and Address of Current Registered Agent PILGRIM, ANDREW T 16057 BRIER CREEK DR DELRAY BEACH, FL 33446			DO NOT WRITE IN THIS SPACE					
8. The above the obligation SIGNATURE	named entity submits this statement for the classifications of registered agent.  Signature, typed of printed name of registered agent and		ed office or register		th, in the State of Flo	orida. I am familiar	with, and accept	
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	ncing _ \$5	.00 May Be ed to Fees					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P PILGRIM, ANDREW T 16057 BRIER CREEK DR DELRAY BEACH, FL 33446	RECTORS				0021056 -80090-024	150 NO	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME						-	. 120.400	
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NAME STREET ADDRESS CITY-ST-ZIP								

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/04 305935425