

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S50345

FILED
Jan 30, 2004
Secretary of State

Entity Name: THE FALLS OF DELRAY, INC.

Current Principal Place of Business:

5195 LEITNER DRIVE EAST
CORAL SPRINGS, FL 33067

New Principal Place of Business:

5195 LEITNER DRIVE
CORAL SPRINGS, FL 33067

Current Mailing Address:

5190 LEITNER DR E
CORAL SPRINGS, FL 33067 US

New Mailing Address:

5190 LEITNER DRIVE
CORAL SPRINGS, FL 33067 US

FEI Number: 65-0264365

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WIGGENS, B. MICHAEL
5190 LEITNER DRIVE
POMPANO BEACH, FL 33067 US

Name and Address of New Registered Agent:

WIGGENS, B. MICHAEL
5190 LEITNER DRIVE
CORAL SPRINGS, FL 33067 US

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.

SIGNATURE: B. MICHAEL WIGGINS

01/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WIGGINS, B. MICHAEL,
Address: 5190 LEITNER DR E
City-St-Zip: CORAL SPRINGS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: B. MICHAEL WIGGINS

D

01/30/2004

Electronic Signature of Signing Officer or Director

Date