2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** 

## Mar 25, 2004 8:00 am **Secretary of State** DOCUMENT # S53662 1. Entity Name 03-25-2004 90038 026 \*\*\*158.75 HARDEMAN & ASSOCIATES, P.A. Principal Place of Business Mailing Address II DATRAN, SUITE 1209 9130 SOUTH DADELAND BLVD. II DATRAN, SUITE 1209 9130 SOUTH DADELAND BLVD. 941135534 MIAMI FL 33156 MIAMI FL 33156 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0263839 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARDEMAN, DONALD W. JR. Street Address (P.O. Box Number is Not Acceptable) 10201 S.W. 90TH AVENUE **MIAMI FL 33176** City Zio 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition HARDEMAN, DONALD W. NAME NAME STREET ADDRESS 10201 S.W. 90TH AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP VP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME MICHAEL SIMON NAME STREET ADDRESS STREET ADDRESS 7800 SW SZ COURT CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33143 TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

**FILED** 

SIGNATURE: Donald W Hardens 4 DONALD SIGNATURE and TYPED OR PRINTED NAME OF SERVING OFFICER OR DIRECTOR DONALD WHARDEMAN, JR/ 3-21-04/

12. Thereby 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