


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S63965</b> 1. Entity Name J. L. DALY, INC.	
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03092004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0333460	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

CARSTEN, LAWRENCE A CPA PA  
10689 KENDALL DR #321  
MIAMI, FL 33176

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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


000000105173  
04/07/04-80015-013 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DALY, JUAN LUIS 422 WOODCREST DR KEY BISCAVNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DALY, TERESA K. 422 WOODCREST DR KEY BISCAVNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOETZLE, ALEX B 422 WOODCREST DR KEY BISCAVNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: \*  TERESA K. DALY \* March 31/04 \* 305  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #