2004-FOR-PROFIT-CORPORATION

SIGNATURÉ:

SIGNATURE AND TYPED OR PRINTEDMANE OF

Apr 21, 2004 8:00 am Secretary of State **ANNUAL REPORT (AR)** DOCUMENT # \$69892 1. Entity Name 04-21-2004 90078 041 ***150.00 GARRETT PUBLISHING INC. Principal Place of Business Mailing Address 384 S. MILITARY TRAIL DEERFILED BEACH FL 33442 384 S. MILITARY TRAIL **DEERFILED BEACH FL 33442** 2. Principal Place of Business 3. Mailing Address 2500 N. MILITARY 2500 N. MILITARY TR Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) 260 260 City & State Çity & State 4. FEI Number Applied For 30CA 59-3088546 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33431-6 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GOLDSTEIN, MARLENE Street Address (P.O. Box Number is Not Acceptable) 125 AVENUÉ "L" MILITARY **DELRAY BEACH FL 33483** 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE PD TITLE ☐ Delete NAME GOLDSTEIN, MARLENE NAME 2500 N. MILITARY TR #260 STREET ADDRESS 384 S MILITARY TR STREET ADDRESS BOCA-RATON FL 33431-6320 CITY-ST-ZIP CITY-ST-ZIP **DEERFIELD BEACH FL 33442** TS ☐ Delete TITLE TITLE NAME GOLDSTEIN, MARLENE NAME 2500 N. MilitARY TR. # 260 384 S MILITARY TR STREET ADDRESS STREET ADDRESS RATON FL 33431-6320 DEERFIELD BEACH FL 33442 CITY-ST-7/P CITY-ST-ZIP TITLE □ Delete TITLE NAME NAME STREET-ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY, ST. 7IP CITY_ST-7IP TITLE ☐ Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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 empewered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or truster changed, or on an attachment with an act

FILED