

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90075 039 \*\*\*150.00

<b>DOCUMENT # S70161</b>	
1. Entity Name FORTHRITE INVESTMENTS, INC.	

Principal Place of Business C/O 701 BRICKELL AVE SUITE 3000 MIAMI, FL 33131 US	Mailing Address C/O 701 BRICKELL AVE SUITE 3000 MIAMI, FL 33131 US
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2. Principal Place of Business 3331 N.E. 59 STREET Suite, Apt. #, etc.	3. Mailing Address 3331 N.E. 59 STREET Suite, Apt. #, etc.
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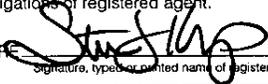
City & State FT. LAUDERDALE, FL	City & State FT. LAUDERDALE, FL	4. FEI Number 65-0287740	Applied For Not Applicable
Zip 33308	Country USA	Zip 33308	Country USA



01162004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent PERLMAN, GEORGE D P.A 701 BRICKELL AVE SUITE 3000 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name STEVEN Y. KARP, CPA Street Address (P.O. Box Number is Not Acceptable) 12460 W. ATLANTIC BLVD City CORAL SPRINGS FL Zip Code 33071	
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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.

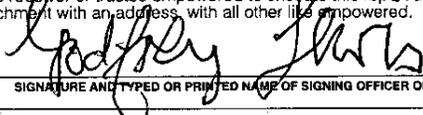
SIGNATURE:  STEVEN Y. KARP, CPA DATE: 1/19/04

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD LEWIS, GODFREY 3331 NE 59TH STREET FORT LAUDERDALE, FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  G. LEWIS DATE: 1/23/04 DAYTIME PHONE #: 454 776 2393

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR