2004 FOR PROFIT CORPORATION ANNUAL REPORT

of the corporation or the receiver of changed, or on an attachment with

SIGNATURE:

Apr 19, 2004 8:00 am Secretary of State **DOCUMENT # V02750** 1. Entity Name 04-19-2004 90358 032 ***150.00 HENRY GOLDMAN, P.A. Principal Place of Business Mailing Address 100 S PINE ISLAND RD 100 S PINE ISLAND RD STE 200 STE 200 HOLLYWOOD, FL 33024 HOLLYWOOD, FL 33024 US 2. Principal Place of Business 3. Mailing Address 300 NW 82 Nd Ave nue 8060 CLEARY BLUD Suite, Apt. #, etc. Suite, Apt. #, etc. # 6/6 04092004 CR2E034 (10/03) Chg-P Suite 150 City & State 4. FEI Number Applied For PLANTATION PLANTATION FL 65-0307046 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 3332 USA USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GOLDMAN, HENRY Street Address (P.O. Box Number is Not Acceptable) 100 S PINE ISLAND RD HOLLYWOOD, FL 33024 8. The above named partity 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 agen HENRY GOLDMAN SIGNATURE (NOTE: Registered Agent signature required when reinstating) name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 S TITLE X Delete TITLE Change Addition GOLDMAN, HENRY 8060 CLEARY BLUD, #616 GOLDMAN, DOBOTHY NAME NAME 100 S PINE JALAND RD STE 200 STREET ADDRESS STREET ADDRESS HOLLYWOOD, FL 33024 CITY-ST-ZIP CITY-ST-ZIP PLANTATEON, FC 33324 TITLE Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY+ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Addition ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP . Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of trustee employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED