2004 FOR PROFIT CORPORATION ANNUAL REPORT

Mailing Address

3. Mailing Address

City & State

Suite, Apt. #, etc.

Zip 33031

30 FARMVIEW ROAD

WINDHAM, ME 04602

HOMESTEAD,

17420 SW 266 Terrace

DOCUMENT # V11721

17420 SW 266 TERRACE

US Á

6. Name and Address of Current Registered Agent

8. The above named entity submits this statement for the purpose of changing its registered office or

STIMULUS INC.

Principal Place of Business

30 FARMVIEW ROAD

WINDHAM, ME 04602

Suite, Apt. #, etc.

City & State

33031

2. Principal Place of Business

HOMESTEAD, FL

GALLINAR, PEDRO H

the obligations of registered age

6701 SUNSET DR SUITE 100 MIAMI, FL 33143

SIGNATURE:

SIGNATURE

FILED Aug 16, 2004 8:00 am Secretary of State

08-16-2004 90016 050 ***550.00

D 602 US	44052001					
266 Terrace						
	08032004	Chg-P	CR2E03	4 (10/03)		
AD, FL	4. FEI Numbe 65-032			Applied For Not Applicable		
Country US A	5. Certificate	of Status Desired		8.75 Additional se Required		
7. Name and Address of New Registered Agent						
Name Non	Name NORA SALAZAR					
Street Address (I	P.O. Box Numb	er is Not Accepta	ible)			
17420	SW	266 T	errace			
- city-Home	STEA O			Zip Code 33031		
ig its registered office or register	ed agent, or bo	oth, in the State of	Florida. I am fa	miliar with, and accept		
8-3-04						
(NOTE: Registered Agent signature required when reinstating) DATE						
mpaign Financing \$5.00 May Be						

9. Election Campaign Financing FILE NOW!!!! FEE IS \$550,00 \$5.00 Added to Fees Trust Fund Contribution. Due by September 8, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11 Change ☐ Addition TITLE TITLE Delete salazar, NORA NAME SALAZAR, NORA NAME 17420 SW 266 Terrace STREET ADDRESS 30 FARMVIEW ROAD STREET ADDRESS HOMESTEAD, FL 33031 CITY-ST-ZIP WINDHAM, ME 04602 CITY-ST-7IP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director rigid to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if vall of the province of the province of the same required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if vall of the province of the pr n supplied with this mental report is yet 12. I hereby certify that the information indicated on this report or supplement of the corporation or the received changed, or on an artachment with