## **2004 FOR PROFIT CORPORATION**

## FILED Mar 25, 2004 8:00 am Secretary of State

ANNUAL KEPOKI							Secretary of State				
DOCU	MENT # V14992			•			03-25-2004	90031	048 ***15	8.75	
1. Entity Nam DOCTOR	R SEDUCTION, INC.										
Principal Place of Business 15600 NE 6 AVE #38A N. MIAMI BEACH, FL 33162		P.0	Mailing Address P.O. BOX 612590 NO MIAMI, FL 33261-2590 US					A 415() WWW.			
2. Principal F	Place of Business	3. N	3. Mailing Address								
Suite, Apt. #, etc.		Si	Suite, Apt. #, etc.			03192004	Chg-P	CR2E	034 (10/03)		
City & State		С	City & State			4. FEI Number         Applied For           65-0315733         Not Applicable					
Zip					try	5. Certificate	of Status Desired	×	\$8.75 Add Fee Required	litional d	
6. Name and Address of Current Registered Agent					Name	7. Name and	Address of New F	legistered	1 Agent		
CIRILLO, GIUSEPPE 15600 NE 6 AVE #38 A					reet Address (P.O. Box Number is Not Acceptable)						
N MIAMI BEACH, FL 33162				City		····	F	Zip Code	e		
	e named entity submits this statement tions of registered agent.	ent for the pu	irpose of changing its	register	ed office or regist	ered agent, or bot	h, in the State of Flo			and accept	
SIGNATURE.											
SIGNATORIE	Signature, typed or printed name of registered	agent and title if	applicable, (NOT	É: Registere	d Agent signature requi	red when reinstating)		DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$5		9. Election Campai Trust Fund Conti			5.00 May Be Ided to Fees					
10.	· · · · · · · · · · · · · · · · · · ·	AND DIREC	ID DIRECTORS 11.			ADDITIONS/	CHANGES TO OFF	ICERS AN			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CIRILLO, GIUSEPPE NAI 15600 NE 6 AVE #38 A STR			-				☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		<b>I</b>				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	•					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Defete	•	į.				☐ Change	☐ 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:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNATURE OF DIRECTOR DIRECTOR

Dagtone Phone #