


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V18085</b> 1. Entity Name <b>EKSA, INC.</b>	
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Principal Place of Business <b>4350 NW 19TH AVENUE SUITE D POMPAÑO BEACH, FL 33064-4641 US</b>	Mailing Address <b>4350 NW 19TH AVENUE SUITE D POMPAÑO BEACH, FL 33064-4641 US</b>
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**DO NOT WRITE IN THIS SPACE**



04192004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0318511</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

8. Name and Address of Current Registered Agent

**ZEIGER, ALEXANDER  
4350 NW 19TH AVENUE  
SUITE D  
POMPAÑO BEACH, FL 33064**

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IN THIS SPACE**

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U000000123197 04/21/04-80062-002 150.00</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>ZEIGER, ALEXANDER 9911 N OAK KNOLL CIR FORT LAUDERDALE, FL 33324</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD <b>ZEIGER, ADRIANA 9911 N OAK KNOLL CIR FORT LAUDERDALE, FL 33324</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b), 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:** *Alexander Zeiger* **4-19-04** **972-9550**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #