2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V33549

Address:

City-St-Zip:

2831 NE 12 ST.

POMPANO BEACH, FL 33062

FILED Feb 17, 2004 Secretary of State

Entity Name: EASY GO, INC.							
Current Principal Place of Business:				New Principal Place of Business:			
	PLE RD BLDG BEACH, FL 3		US				
Current Mailing Address:				New Mailing Address:			
896 N. FEI PMB 313	DERAL HIGHW	/AY					
POMPANO BEACH, FL 330624316 US							
FEI Number:	65-0328508	FEI Nur	mber Applied For()	FEI Number Not Appli	cable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent F	Registered Agent:	Name and	Name and Address of New Registered Agent:		
GREENE, 2831 NE 12 POMPANC		33062	US				
The above in the State		ubmits t	his statement for the pu	rpose of changing it	s registered of	fice or registered agent, or both,	
SIGNATUR	RE:						
Electronic Signature of Registered Agent				t	Date		
Election Can	npaign Financing	Trust Fu	nd Contribution ().				
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DP () GREENE, MICH 2831 NE 12TH S POMPANO BEA	ST	3062	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	T () GREENE, MARL 750 E SAMPLE POMPANO BEA	RD BLDG		Title: Name: Address: City-St-Zip:	ST (X) GREENE, MARL 750 E SAMPLE POMPANO BEA	RD BLDG 1-8	
Title: Name: Address: City-St-Zip:	S (X) LAMB, DURAD N 238 NE 26 CT POMPANO BEA		3064	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name:	VP () COST. TIHOMY	Delete L		Title: Name:	()	Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: MICHELE GREENE DP 02/17/2004