

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90054 003 *4,445.00
04-15-2004 90054 004 *5,080.00

66411897



04072004 Chg-P CR2E034 (10/03)

4. FEI Number **65-0334476** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HERRICK, NORTON
2295 CORPORATE BLVD NW
SUITE 222
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ **FL** Zip Code _____

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VST	<input type="checkbox"/> Delete
NAME	HERRICK, NORTON	
STREET ADDRESS	2295 CORPORATE BLVD, NW	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE	PAS	<input type="checkbox"/> Delete
NAME	HERRICK, HOWARD	
STREET ADDRESS	2 RIDGEDALE AVE STE 370	
CITY-ST-ZIP	CEDAR KNOLLS, NJ 07927	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	HERRICK, MICHAEL	
STREET ADDRESS	2 RIDGEDALE AVE STE L370	
CITY-ST-ZIP	CEDAR KNOLLS, NJ 07927	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERRICK, EVAN	
STREET ADDRESS	2 RIDGEDALE AVE STE 370	
CITY-ST-ZIP	CEDAR KNOLLS, NJ 07927	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HERRICK, ELAYNE	
STREET ADDRESS	400 SE 5TH AVE, PH 1104	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE	C	<input type="checkbox"/> Delete
NAME	KERMALLI, NISAR	
STREET ADDRESS	2 RIDGEDALE AVE SUITE 370	
CITY-ST-ZIP	CEDAR KNOLLS, NJ 07927	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/AS/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/AS/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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: _____ **VP** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #