## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 28, 2004 8:00 am Secretary of State

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DOCUI 1. Entity Name ALBER C						04-28-20	04 9020	) ()38 ***	150.00
Suite. Apt. 4, etc.    Suite. Apt. 4, etc.   Suite.   Sui	990 S. ROGE SUITE 11	RS CIRCLE	990 S. ROGERS CIRCLE SUITE 11						II GIEN GIZIZ GIBI	1120/11 1951
City & State  Ci	2. Principal P	lace of Business	3. Mailing Address							
Section   Sect	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		04082004	Chg-P	CR2E0	34 (10/03)		
S. Name and Address of Current Registered Agent   T. Name and Address of New Registered Agent   T. Name and Addr	City & State		City & State		<del></del>				<u> </u>	·
Name    Street Address (P.O. Box Number is Not Acceptable)	Zip Country		Zip	Zip Country		5 Certificate of Status Desired \$8.75 Additio			litional	
Street Actoress (P.O. Box Number is Not Acceptable)  Street Actoress (P.O. Box Number is Not Acceptable)  Street Actoress (P.O. Box Number is Not Acceptable)  6.25 N. Flagler Drive, 9th Floor  City West Palm Beach, FL 293901  8. The above named entity Jubrals the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the obligations guaranteed agent and the state of Florida. I am familiar with, and acceptable to the obligation guaranteed agent or both, in the State of Florida. I am familiar with, and acceptable to guaranteed agent, or both, in the State of Florida. I am familiar with, and acceptable to guaranteed agent, or both, in the State of Florida. I am familiar with, and acceptable to guaranteed agent, or both, in the State of Florida. I am familiar with, and acceptable to guaranteed agent, or both, in the State of Florida. I am familiar with, and acceptable to guaranteed agent, or both, in the State of Florida. I am familiar with, and acceptable to guaranteed agent, or both, in the State of Florida. I am familiar with, and acceptable to guaranteed agent, or both, in the State of Florida. I am familiar with, and acceptable to guaranteed agent, or both, in the State of Florida. I am familiar with, and acceptable to guaranteed agent, or both, in the State of Florida. I am familiar with, and acceptable to guaranteed agent, or both, in the State of Florida. I am familiar with, and acceptable to guaranteed agent, or both, in the State of Florida. I am familiar with, and acceptable to guaranteed agent, or both in the State of Florida. State and Florida. I am familiar with, and acceptable agent	<u> </u>	6. Name and Address of Currer	nt Registered Agent		Name	7. Name and	Address of New R			
### ALBER, GLENN #### ALBER, GLENN ###################################						P.O. Box Numbe	r is Not Acceptable	)		
Entry West Palm Beach, FL 28 53401  B. The above named entity Jubinitis the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I arm familiar with, and accept the children agent and agent.  SIGNATURE  Debug 1964 Agents upwer University Authoritis the statement for the purpose of changing its registered agent, or both, in the State of Florida. I arm familiar with, and accept the children agent and the inspectation of the report of the companion of the report of supplier required by Change Indian and office or registered agent, or both, in the State of Florida. I arm familiar with, and accept the children agent and sent in the children agent agent agent.  City West Palm Beach, or registered office or registered deficit or registered agent in sent and sent in the registered deficit or registered deficit or an include or registered agent agent in sent agent a					-					
B. The above named only butwrits the 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 page 12 per page 12			,							
After May 1, 2004 Fee will be \$550,00  Trust Fund Contribution.   Added to Fees  10.	the obligat	ions of registered agent.					<b></b>			
ITTLE D ALBER, GLENN SIRET ADDRESS CITY-ST-2P SIRET ADDRESS CITY-ST-2P Delete TITLE Delete TITLE Delete TITLE DELETA DORESS CITY-ST-2P DELETA DORESS CITY-ST-2P DELETA DORESS CITY-ST-2P DELETA DORESS CITY-ST-2P TITLE D	FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550								
ALBER, GLENN SIRET ADDRESS OLTY-ST-2P BOCA RATON, FL  TITLE D ALBER, DEREK SIRET ADDRESS SIRET ADDRESS OLTY-ST-2P TITLE NAME SIRET ADDRESS		<del> </del>		-	· 1	ADDITIONS/0	CHANGES TO OFF	CERS AND		
ALBER, DEREK 7371 WEXPORD TERR. SIREET ADDRESS CITY-ST-2IP  TITLE NAME NAME NAME SIREET ADDRESS CITY-ST-2IP  TITLE NAME NAME NAME NAME NAME NAME NAME NAM	NAME Street address	ALBER, GLENN 995 N.W. 6TH ST.	E Soleto	NAME STREE	ET ADDRESS				Onesign	
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NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE 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 changed, or on an attachment with an address, with all other like empowered.	name Street address		☐ Delete	NAME STREE	ET ADDRESS				☐ Change	☐ Addition
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