2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

## Mar 31, 2004 8:00 am Secretary of State DOCUMENT # V54678 1. Entity Name 03-31-2004 90037 046 \*\*\*150.00 BRANDEN OF VERO BEACH, INC. Principal Place of Business Mailing Address 4715-B SOUTHERN BLVD 805 DOBBINS STREET リオリムー WEST PALM BEACH FL 33405 WEST PALM BEACH FL 33415 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 65-0352422 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 142 DIAZ, B. NIDIA Street Address (P.O. Box Number is Not Acceptable) **805 DOBBINS STREET** S-4 WEST PALM BEACH FL 33405 City 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, typed or printed name of registered agent and title if applicable DATE (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. DPT Change TITLE Delete TITLE ☐ Addition DIAZ, NIDIA NAME NAME 829 FRANCIS STREET 2238 SE Harr STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33405 CITY-ST-ZIE CITY-ST-ZIF TITLE ☐ Delete TITLE □ Change ☐ Addition NAME VEGA, RAYMOND C 2909 WINDSWEPT DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LANTANA FL 33462 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change □ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED