2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 05, 2004 08:00 AM Secretary of State

1. Entity Nan	MENT # V59109 NDUSTRIES, INC.				500	i cui y	or State
Principal Place of Business Mailing Address 6790 NW 75 PLACE 6790 NW 75 PLACE PARKLAND, FL 33067-3940 US PARKLAND, FL 33067-3940			us		21 w 188 2 : 40 a 25 stall 24 a25 a 1 2 2 s		NIS ASSAUL ANNELINAS DE UNAS
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent				03102004 No Chg-P CR2E034 (10/03) 4. FEI Number			
6790 NW 1	RG, ANDREA 75 PLACE O BEACH, FL 33067-3940	<u> </u>	IN -	NOT WI	ACE		
8. The above the obligat SIGNATURE.	named entity submits this statement for the plans of registered agent. Signature, typed or printed name of registered agent and tide		ed office or register d Agent signature required		th, in the State of Flor	ida. I am fami	liar with, and accept
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.				00 May Be ed to Fees	U00000 04/05/04-	102787 20030-00	19 150 NN
10. Tota Name Street address City-St-Zip	OFFICERS AND DIRE D GOLDBERG, ANDREA 6790 NW 75 PLACE POMPANO BEACH, FL 330673940 D	OTÓRS .					;
NAME STREET ADDRESS CITY-ST-ZIP THLE	GOLDBERG, ERIC 6790 NW 75 PLACE POMPANO BEACH, FL 330673940		anten d'anne		agregation between the second	۲۰ دی ۱۰ - میسیمیدی،	· · . · · · · · · · · · · · · · · · · ·
NAME Street Address City-St-Zip					NOT W		
TITLE NAME Street address City-St-DP				IN T	THIS SP	ACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			,				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			ancer / h s s s s s s s s s s s s s s s s s s				
Or are con	pertify that the information supplied with this fi on this report or supplemental report is true a poration or the receiver or trustee empowere or on an attachment with an address, with all	TO exercise this report as recinit	nption stated in Secure shall have the sed by Chapter 607,	ction 119.07(3)(ame legal ellec Florida Statute	i), Florida Statutes, I fi it as if made under oa s; and that my name	urther certify that it am as appears in Blo	nat the information n officer or director ck 10 or Block 11 if

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: