2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: __

Feb 04, 2004 08:00 AM DOCUMENT # V65899 **Secretary of State** 1. Entity Name WEINER & RATZAN, P.A., ATTORNEYS AT LAW Principal Place of Business Mailing Address 9130 S DADELAND BLVD TWO DATRAN CENTER, STE. 1910 9130 S DADELAND BLVD TWO DATRAN CENTER, STE. 1910 MIAMI FL 33156-7858 MIAMI FL 33156 2. Principal Place of Business Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State Applied For City & State 4. FEI Number 65-0356526 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WEINER, JEFFREY S. Street Address (P.O. Box Number is Not Acceptable) TWO DATRAN CTR S1910 **MIAMI FL 33156** City 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. DATE Someture, typed or printed name of registered agont and life if explicable (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. ☐ Change Addition me D Delete TITLE U00000035352 02/06/04-80015-004 150.00 NAME WEINER, JEFFREY S. NAME STREET ADDRESS 9130 DADELAND BLVD #1910 STREET ADDRESS C87Y - ST - 788 MIAMI FL 33156 CHTY - S3 - ZIP ☐ Change ☐ Addition me Delete NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF IIILE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CXTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TETLE ☐ Delete TITES ☐ Chapge ☐ Addition NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Delete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CIDY-ST-28P 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