2004 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 17, 2004 08:00 AM **DOCUMENT # V71021 Secretary of State** 1. Entity Name FULSOM CORP. Mailing Address Principal Place of Business 18071 BISCAYNE BLVD 18071 BISCAYNE BLVD **SUITE 1804 SUITE 1804** MIAMI, FL 33160 MIAMI, FL 33160 02162004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0364190 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent PLATNICK, MARGO DO NOT WRITE 18071 BISCAYNE BLVD **SUITE 1804** IN THIS SPACE MIAMI, FL 33160 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) CLATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150,00 After May 1, 2004 Fee will be \$550.00 U000000090374 Trust Fund Contribution. Added to Fees 03/17/04-80016-009 150.00 OFFICERS AND DIRECTORS 10. TITLE PLATNICK, MARGO NAME STREET ADDRESS 18071 BISCAYNE BLVD. #1804 CHY-ST-ZIP MIAMI, FL 33160 S TITLE PLATNICK, JOSEPH NAME STREET ADDRESS 18071 BISCAYNE BLVD. #1804 MIAMI, FL 33160 CITY-ST-ZIP HE NAME STREET ADDRESS DO NOT WRITE CRY-ST-ZIP IN THIS SPACE TIFLE NAME

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:

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
STREET ADDRESS
CITY-ST-ZIP

alford carried

MARGO PURTNICK

305-934/10/0

FILED