

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000075721

FILED  
Feb 26, 2004  
Secretary of State

Entity Name: SCANTAINER, INC.

**Current Principal Place of Business:**

2199 PONCE DE LEON BLVD.  
SUITE 301  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

2199 PONCE DE LEON BLVD.  
SUITE 301  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

FEI Number: 65-0944249      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STEWART AGENT SERVICES  
2199 PONCE DE LEON BLVD.  
SUITE 301  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VPSD ( ) Delete  
Name: STINSON, LOUIS JR  
Address: 2199 PONCE DE LEON BLVD. #301  
City-St-Zip: CORAL GABLES, FL 33134

Title: VPAS ( ) Delete  
Name: SKINNER, T A  
Address: 2199 PONCE DE LEON BLD., #301  
City-St-Zip: CORAL GABLES, FL 33134

Title: PD ( ) Delete  
Name: MARGARD, ERIK  
Address: 1747 N.E. 124 STREET  
City-St-Zip: NORTH MIAMI, FL 33181

Title: VP ( ) Delete  
Name: DE BLASI, JOHN  
Address: 1747 N.E. 124 STREET  
City-St-Zip: NORTH MIAMI, FL 33181

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: MARGARD, ERIK  
Address: 1491 N.E. 102 ND STREET  
City-St-Zip: MIAMI SHORES, FL 33138

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERIK MARGARD

PD

02/26/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date