2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYPED OF PRINTED HAND OF SIGNING OFFICER OF DIRECTOR

SIGNATURE: __

FILED Jan 12, 2004 08:00 AM Secretary of State

DOCUI 1. Entity Nam IGC REA					Secretary of State	
Principal Place of Business 21 VANDERVENTER AVENUE PORT WASHINGTON, NY 11050 Business Address 21 VANDERVENTER AVENUE PORT WASHINGTON, NY 11050			D US			
			·			
DO NOT WRITE IN THIS SPAC				01072004 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For 65-0118527 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301				DO NOT WRITE IN THIS SPACE		
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) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finant Trust Fund Contribution.				5.00 May Be udded to Fees		
10.	OFFICERS AND DI	RECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS CASAMASSIMA, MATTHEW E 21 VANDERVENTER AVENUE PORT WASHINGTON, NY 11050				000000003449 01/13/04-80057-010 158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filling 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 cath; 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.						