


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 08:00 AM
Secretary of State

DOCUMENT # 244946
 1. Entity Name
 HERSKOWITZ FAMILY ENTERPRISES, INC.



Principal Place of Business
 1320 SO. DIXIE HWY, SUITE 940
 CORAL GABLES, FL 33146

Mailing Address
 1320 SO. DIXIE HWY, SUITE 940
 CORAL GABLES, FL 33146

DO NOT WRITE IN THIS SPACE



03122004 No Chg-P CR2E034 (10/03)

4. FEI Number
 59-0953797

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 HERSKOWITZ, BERNARD
 1320 S. DIXIE HWY. #940
 CORAL GABLES, FL 33146

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000095114
 03/24/04-80020-001 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERSKOWITZ, JEROME 1320 S. DIXIE HWY. #940 CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HERSKOWITZ, BERNARD 1320 S. DIXIE HWY. #940 CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HERSKOWITZ, JACK 1320 S. DIXIE HWY. #940 CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERSKOWITZ, ALLAN (ASST) 1320 S. DIXIE HWY. #940 CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 titles empowered.

SIGNATURE: *Bernard New Bondy*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/04 (205) 663-1491
 Date Daytime Phone #