2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 11, 2004 08:00 AM Secretary of State

DOCUMENT # 300359	
1. Entity Name	
3950 CORPORATION	

Principal Place of Business

Mailing Address

C/O ED WOLIS 2015 N.E. 197TH TERRACE NORTH MIAM! BEACH, FL 33179 C/O ED WOLIS 2015 N.E. 197TH TERRACE NORTH MIAM! BEACH, FL 33179 NORTH MIAM! BEACH, FL 33179		79	01312004 No Chg-P CR2E034 (10/03)				
DO NOT WRITE IN THIS SPAC							~=
	O NOI WALLEL	N ITIIS SFA		4. FEI Number 59-1150			Applied For Not Applicable
					of Status Desired		8.75 Additional
	6. Name and Address of Current Regis	stered Agent	in he man in the same			7.8518	
	DWARD J. 97TH TERR. BEACH, FL	 		They will be a state of	NOT W HIS SP		
	named entity submits this statement for the pions of registered agent.	purpose of changing its register	ed office or registers	ed agent, or both	n, in the State of Flo	rida. I am fa	miliar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	d anniveble (NOTE: Rendfore)	d Agent signature required	then reportstood	<u> </u>	DATE	
After Ma	E NOW!!! FEE IS \$150.00 by 1, 2004 Fee will be \$550.00 OFFICERS AND DIREC	9. Election Campaign Finan Trust Fund Contribution.		00 May Be id to Fees		T. 74. 31.4	
TITLE	PD OFFICERS AND DIREC	510ng [n idniyayaya alan	
name Street Address City-St-Zip	WOLIS, EDWARD 2015 NE 197TH TERR N MIAMI BEACH, FL					1047 (11)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PEREZ, JOSE 3518 SAHARA SPRINGS BLVD POMPANO BEACH, FL 33069	,			62/12/04	80029	004 158.75
TITLE NAME STREET AODRESS CITY-ST-ZIP				DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	'HIS SP	ACE	
TITLE Name Street adoress City-St-Zip							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12 Ibarahi a	ertify that the information supplied with this fi	ling done not qualify for the even		tion 110 07(2)(1)	Classic Common 1	A comparation of the same	

Increase sering into the information supplied with this filing coes not quality 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 eath; 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: <u>W</u>