

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90056 043 \*\*\*150.00

**DOCUMENT # P01000047629**

1. Entity Name  
**CORPORATE BIG WIGS, INC.**



Principal Place of Business  
**8742 NW 5TH PLACE  
CORAL SPRINGS, FL 33071**

Mailing Address  
**8742 NW 5TH PLACE  
CORAL SPRINGS, FL 33071**

2. Principal Place of Business  
**9815 NW 48 Dr.**  
Suite, Apt. #, etc.

3. Mailing Address  
**2667 Key Largo Lane**  
Suite, Apt. #, etc.



02202004 Chg-P CR2E034 (10/03)

City & State  
**Coral Springs FL**

City & State  
**Ft. Lauderdale FL**

Zip  
**33076**

Country  
**USA**

Zip  
**33312**

Country  
**USA**

4. FEI Number  
**65-1102824**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**BERKE, DAVID  
8742 NW 5TH PLACE  
CORAL SPRINGS, FL 33071**

7. Name and Address of New Registered Agent  
Name  
**David Berke**  
Street Address (P.O. Box Number is Not Acceptable)  
**9815 NW 48 Dr.**  
City  
**Coral Springs** FL Zip Code  
**33076**

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 **Brian Manning** **2/20/04**  
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 Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD BERKE, DAVID 8742 NW 5TH PLACE CORAL SPRINGS, FL 33071</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD Berke, David 9815 NW 48 Dr. Coral Springs FL 33076</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP MANNING, BRIAN 8742 NW 5TH PLACE CORAL SPRINGS, FL 33071</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP Brian Manning 2667 Key Largo Lane Fort Lauderdale, FL 33312</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Brian Manning** **2/20/04** **954-584-6477**  
Signature and typed or printed name of signing officer or director