


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90050 006 \*\*\*150.00

**DOCUMENT # P01000068418**

1. Entity Name  
**SCRAPPER'S MAILBOX, INC.**



Principal Place of Business  
**11635 WATERBEND CT  
 WEST PALM BEACH FL 33414**

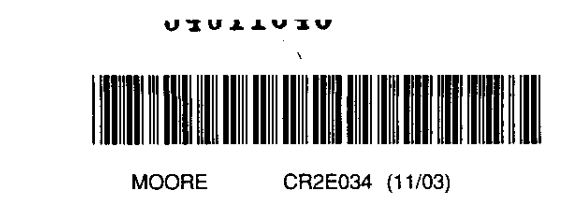
Mailing Address  
**7744 ROYAL RIVER LANE  
 LAKE WORTH FL 33467**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 City & State

Zip  
 Country



4. FEI Number **65-1122008** Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GLASSMAN, LISA I ESO  
 20801 BISCAYNE BLVD., #403  
 AVENTURA FL 33180**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	BRODTMAN, TOBY	
STREET ADDRESS	430 SHORE ROAD #9E	
CITY-ST-ZIP	LONG BEACH NY 11561	
TITLE	D	<input type="checkbox"/> Delete
NAME	COHEN, SUSAN	
STREET ADDRESS	7744 ROYAL RIVER LN	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		address
STREET ADDRESS	11635 Waterbend Ct	
CITY-ST-ZIP	West Palm Be, FL 33414	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	(Wellington)	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** Susan Cohen Susan Cohen 2/3/04 561-439-2647

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #