

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000033525

FILED  
Apr 14, 2004  
Secretary of State

Entity Name: AGELESS TOPS & INTERIORS, INC.

**Current Principal Place of Business:**

14984 S.E. 2 STREET  
DEERFIELD BEACH, FL 33441 US

**New Principal Place of Business:**

149 S.E. 2 STREET  
B4  
DEERFIELD BEACH, FL 33441 US

**Current Mailing Address:**

1751 S DIXIE HWY, BLDG C, BAY 35  
POMPANO BEACH, FL 33060 US

**New Mailing Address:**

520 SE 18 AVE  
POMPANO BEACH, FL 33491 US

FEI Number: 65-0829695      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COHAN, BRENT  
520 S.E. 18 AVE.  
POMPANO BEACH, FL 33491 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PST ( ) Delete  
Name: COHAN, BRENT  
Address: 520 SE 18 AVE.  
City-St-Zip: POMPANO BEACH, FL 33060

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRENT COHAN

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04/14/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date