


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P98000093810</b> 1. Entity Name <b>THE HUSKY GANG, INC.</b>	
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FILED  
 04 MAY 10 AM 8:35  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



Principal Place of Business <b>256 NE 85 ST                  MIAMI, FL 33138</b>	Mailing Address <b>256 NE 85 ST                  MIAMI, FL 33138</b>
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DO NOT WRITE IN THIS SPACE

03042003 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0888197</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

SATZ, PHYLLIS R  
 256 NE 85 ST  
 MIAMI, FL 33138

DO NOT WRITE  
IN THIS SPACE

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 \$550.00  
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SATZ, PHYLLIS R
STREET ADDRESS	256 NE 85TH ST
CITY-ST-ZIP	MIAMI, FL 33138
TITLE	AD
NAME	SATZ, BARRY
STREET ADDRESS	256 NE 85TH ST
CITY-ST-ZIP	MIAMI, FL 33138
TITLE	AD
NAME	MANGIARACINA, CHRISTOPHER
STREET ADDRESS	256 NE 85TH ST.
CITY-ST-ZIP	MIAMI, FL 33138
TITLE	S
NAME	DAVIDSON, ESTHER
STREET ADDRESS	3591 FLAMINGO DR.
CITY-ST-ZIP	MIAMI, FL 33140
TITLE	AD
NAME	KILLISSANLEY, PETER
STREET ADDRESS	4305 LAKE RD.
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE  
IN THIS SPACE

100037046311  
05/24/04--01083--011 \*\*160.00

100037046311  
05/24/04--01083--012 \*\*8.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: Phyllis R Satz Phyllis R Satz 5/10/04 (305) 754 3097

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