




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

**FILED**  
**Jan 27, 2004 08:00 AM**  
**Secretary of State**

|   |                                     |   |  |  |          |
|---|-------------------------------------|---|--|--|----------|
| DOCUMENT # P99000042121<br>1. Entity Name<br>JACQUIE'S PLACE ENTERPRISES, INC.  |                                     |   |  |                             |          |
| Principal Place of Business<br>6320 BOCA DEL MAR DRIVE #506 BOCA RATON FL 33433   |                                     | Mailing Address<br>6320 BOCA DEL MAR DRIVE #506 BOCA RATON FL 33433 |  |  |          |
| 2. Principal Place of Business  |                                     | 3. Mailing Address  |  | <br>MOORE CR2E034 (11/03) |          |
| Suite, Apt. #, etc.   |                                     | Suite, Apt. #, etc.   |  |  |          |
| City & State  |                                     | City & State  |  |  |          |
| Zip   | Country                             | Zip   | Country  |  |          |
| 4. FEI Number<br>65-0958087   |                                     |   |  | Applied For<br><input type="checkbox"/> Not Applicable   |          |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                                     |   |  | \$8.75 Additional Fee Required   |          |
| 6. Name and Address of Current Registered Agent   |                                     |   | 7. Name and Address of New Registered Agent  |  |          |
| GLICKMAN, HAROLD M<br>23123 STATE ROAD 7, STE. 300F<br>BOCA RATON FL 33428  |                                     |   | 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 01-22-04  |          |
| <b>FILE NOW!!! FEE IS \$150.00</b><br>After May 1, 2004 Fee will be \$550.00<br>Make Check Payable to Florida Department of State   |                                     |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |  |          |
| 10. OFFICERS AND DIRECTORS  |                                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |          |
| TITLE   | DPT <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  | U00000014030<br>01/27/04-80006-018 150.00  |          |
| NAME  | GLICKMAN, HAROLD M                  | NAME  |  |  |          |
| STREET ADDRESS  | 6320 BOCA DEL MAR DR., #506         | STREET ADDRESS  |  |  |          |
| CITY-ST-ZIP   | BOCA RATON FL 33433                 | CITY-ST-ZIP   |  |  |          |
| TITLE   | DVS <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |          |
| NAME  | GLICKMAN, JACQUELINE                | NAME  |  |  |          |
| STREET ADDRESS  | 6320 BOCA DEL MAR DR., #506         | STREET ADDRESS  |  |  |          |
| CITY-ST-ZIP   | BOCA RATON FL 33433                 | CITY-ST-ZIP   |  |  |          |
| TITLE   | <input type="checkbox"/> Delete     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |          |
| NAME  |                                     | NAME  |  |  |          |
| STREET ADDRESS  |                                     | STREET ADDRESS  |  |  |          |
| CITY-ST-ZIP   |                                     | CITY-ST-ZIP   |  |  |          |
| TITLE   | <input type="checkbox"/> Delete     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |          |
| NAME  |                                     | NAME  |  |  |          |
| STREET ADDRESS  |                                     | STREET ADDRESS  |  |  |          |
| CITY-ST-ZIP   |                                     | CITY-ST-ZIP   |  |  |          |
| TITLE   | <input type="checkbox"/> Delete     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |          |
| NAME  |                                     | NAME  |  |  |          |
| STREET ADDRESS  |                                     | STREET ADDRESS  |  |  |          |
| CITY-ST-ZIP   |                                     | CITY-ST-ZIP   |  |  |          |
| TITLE   | <input type="checkbox"/> Delete     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |          |
| NAME  |                                     | NAME  |  |  |          |
| STREET ADDRESS  |                                     | STREET ADDRESS  |  |  |          |
| CITY-ST-ZIP   |                                     | 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:  1-22-04 561-369-347  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #