-2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 07, 2004 08:00 AM Secretary of State

DOCUMENT #	S12052
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1. Entity Name HOWARD SOCHUREK, INC.



Principal Place of Business

Mailing Address

5450 OLD OCEAN BLVD SUITE 7 5450 OLD OCEAN BLVD

SUITE 7

OCEAN RIDGE, FL 33435 US

OCEAN RIDGE, FL 33435



DO NOT WRITE IN THIS SPACE

01122004 No 0

No Chg-P

CR2E034 (10/03)

4. FEI Number 13-2646194 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

SOCHUREK, TATIANA 5450 OLD OCEAN BLVD #7 OCEAN RIDGE, FL 33435

DO NOT WRITE IN THIS SPACE

3. 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 of highlightons of registered agent.							
SIGNATURE Signature, typed or printed name of rightweed agent and title if applicable, (NOTE, Registered Agent signature required when relinctating) DATE							
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	 Election Campaign Finance Trust Fund Contribution. 	cing 🗆	\$5.00 May Be Added to Fees	U00000040683 02/09/04-80058-008	150.00	
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME SPRET ADDRESS CITY-ST-7IF	PST SOCHUREK, TATIANA 5450 OLD OCEAN BLVD, #7 OCEAN RIDGE, FL		,	·			
nte Hame Street Aduress City-St-Zip							
TITLE NAME STREET ADDRESS CHY-ST-ZIP			DO NOT WRITE				
HTLE NAME SIRCET ADDRESS GITY-ST-XIP	·		IN THIS SPACE				
TITLE TIAME STREET ADVIRESS GITY-ST-ZIP				·		,	
DILL HAVE STREET ADDRESS	•						

12. Thereby certify that the information supplied with this filling 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 path, that I am an officer or director of the corporation or the receiver or trustue empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 1.1 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/04 (56)739-994

Daytime Ph