


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # S64318
 1. Entity Name
 APPETITES, INC.



Principal Place of Business
 3420 W. HALLENDALE BCH BLVD.
 HOLLYWOOD, FL 33023-5731

Mailing Address
 3420 W. HALLENDALE BCH BLVD.
 HOLLYWOOD, FL 33023-5731 US

DO NOT WRITE IN THIS SPACE



01202004 No Chg-P CR2E034 (10/03)

4. FEI Number
 65-0273707 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MOSCOVITCH, AARON
 3420 W. HALLANDALE BCH BLVD
 PEMBROKE PARK, FL 33023

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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

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

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D MOSCOVITCH, STEVE 3420 W. HALLANDALE BCH BLVD PEMBROKE PARK, FL 33023 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | ST MOSCOVITCH, AARON 3420 W. HALLANDALE BCH BLVD PEMBROKE PARK, FL 33023 |
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 02/06/04-80029-001 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____