## 004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)				Mar 02, 2004 8:00 am
DOCUMENT # 237414  1. Entity Name				Secretary of State
PEPIS CO	PRP.			03-02-2004 90041 045 ***150.00
Principal Place	e of Business	Mailing Address ·	COD WE T	
C/O SALLY ERTAG C/O SALLY ERTAG				~ Z Ý Ž Ú N U U
1600 WEST MIAMI BEAC	AVE., #401 CH FL 33139	1600 WEST AVE., #40 MIAMI BEACH FL 331		「
2. Principal P	lace of Business	3. Mailing Address		
1600 WEST AVENUE		ILOO WEST AVENUE Suite, Apt. #, etc.		1.48## 1688 1411   1881   1881   1818   1818   1818   1818   1818   1818   1818   1818   1818   1818   1818   
Suite, Apt. #, etc. Suite, Apt. #, etc.			MOORE CR2E034 (11/03)	
City & State  M/AMI	BEACH FL	City & State MIAMI BEAL	CH R	4. FEI Number
<sup>Zip</sup> <b>33/39</b>	Country MIAMI-DADE	<sup>Zip</sup> 33139	Country MAMI-DAL	5. Certificate of Status Desired
	6. Name and Address of Current i	Registered Agent	Name	7. Name and Address of New Registered Agent
GIMPEL SHARON				
3318 OTTAWA LN #401 COOPER CITY FL 33026  Street Add 35 (P.O. Sox Number is Not Acceptable)  ANE				
			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 Signature, typed or printed nameful registered agent and title if applicable. (NOTE: Registrice Agent signature required when reinstating)  DATE				
FILE NOW!!! FEE IS \$150.00				
After May 1, 2004 Fee will be \$550.00  Make Check Payable to Florida Department of State  9. Election Campaign Financing Trust Fund Contribution.  Added to Fees				
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME	ST ERTAG, SALLY	) Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS	1600 WEST AVE.	•	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL		CITY-ST-ZIP	
TITLE	D COLDMAN VETTA	Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS	GOLDMAN, YETTA 230 174TH ST.		NAME STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL		CITY+ST-ZIP	
TITLE	P <b>D</b>	Delete	TITLE:	☐ Change ☐ Addition
NAME STREET ADDRESS	GUMPEL, SHARON 3318 OTTAWA LANE	the state of the s	NAME STREET ADDRESS	er e como a sum
CITY-ST-ZIP	COOPER CITY FL		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE -	Change Addition
NAME CTOTET ADDRESS			NAME STREET ADDRESS	OBINEDIEN 2767 KE 16874 STR.
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	ROBIN ETSTETN 1267 NE 16874 STR. VO.MIAMI BEACH, FL 33160
TITLE		☐ Delete	TITLE	Change Addition
NAME			NAME	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
	L	this filing does not qualify fo		d in Section 119.07(3)(i), Florida Statutes. I further certify that the information
indicated of the cor	on this report or supplemental report is	strue and accurate and that to owered to execute this report	my signature shall hav t as required by Chap	re the same legal effect as if made under oath; that I am an officer or director ter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

APPRINTED NAME OF SIGNING OFFICER OR DIRECTOR GUMPE / 2/24/04

**FILED**