


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 08:00 AM
Secretary of State

DOCUMENT # 244946 1. Entity Name HERSKOWITZ FAMILY ENTERPRISES, INC.	
--	---

Principal Place of Business 1320 SO. DIXIE HWY. SUITE 940 CORAL GABLES, FL 33146	Mailing Address 1320 SO. DIXIE HWY. SUITE 940 CORAL GABLES, FL 33146
--	--



03122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0953797	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HERSKOWITZZ, BERNARD 1320 S. DIXIE HWY. #940 CORAL GABLES, FL 33146
--

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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000095114 03/24/04-80020-001 150.00
---	---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERSKOWITZ, JEROME 1320 S. DIXIE HWY. #940 CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HERSKOWITZ, BERNARD 1320 S. DIXIE HWY. #940 CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HERSKOWITZ, JACK 1320 S. DIXIE HWY. #940 CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERSKOWITZ, ALLAN (ASST) 1320 S. DIXIE HWY. #940 CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 life empowered.

SIGNATURE:  3/22/04 (305) 663-1491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #