2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # 389453

1. Entity Name
TAMPA ENTERPRISES, INC.

Principal Place of Business	Mailing Address
1320 S. DIXIE HWY., STE 940 CORAL GABLE, FL 33146	1320 S. DIXIE HWY., STE 940 CORAL GABLE, FL 33146

DO NOT WRITE IN THIS SPACE

03122004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1412496
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HERSKOWITZ,BERNARD
1320 S. DIXIE HWY., STE 940
CORAL GABLE, FL 33146

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

After May 1, 2004 Fee will be $550.00

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

H#000097367
03/29/04-80021-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HERSKOWITZ,JEROME
STREET ADDRESS	430 CAMPANA AVENUE
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	VD
NAME	HERSKOWITZ,BERNARD
STREET ADDRESS	7501 S.W. 114 STREET
CITY-ST-ZIP	MIAMI, FL
TITLE	S
NAME	HERSKOWITZ,ALLAN (ASST)
STREET ADDRESS	8820 S.W. 105TH STREET
CITY-ST-ZIP	MIAMI, FL
TITLE	SDV
NAME	HERSKOWITZ, JACK
STREET ADDRESS	9100 S. DADELAND #1404
CITY-ST-ZIP	MIAMI, FL 00000,
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)(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: X Bernard Herskowitz 3/29/04 (305) 663-1491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #