


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 19, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 507628</b> 1. Entity Name <b>THE COBWEB SHOPPE, INC.</b>	
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Principal Place of Business <b>8835 S.W. 129TH ST. MIAMI, FL 33176</b>	Mailing Address <b>8835 S.W. 129TH ST. MIAMI, FL 33176</b>
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02032004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-1682199</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>COOCH, FREDERICK C 8835 S.W. 129TH ST. MIAMI, FL 33176</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 re-registering) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U00000057717 02/19/04-80072-021 158.75</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COOCH, FREDERICK C. 8835 S.W. 129TH ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KEOMANYVAN, VAHNDY 16125 SW 101 AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PARTIN, DOROTHY A 11882 SW 196 TERR MIAMI, FL 33177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(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:**  **Fred C Cooch President**  
\_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date **2-16-04** Daytime Phone # **305-233-3891**