

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90312 045 ***150.00

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01152004 Chg-P CR2E034 (10/03)

DOCUMENT # 590988 1. Entity Name BOBBY BREEN ENTERPRISE INC.																																																																																																																																																											
Principal Place of Business 10550 NW 71ST RD TAMARAC, FL 33321 US			Mailing Address 10550 NW 71ST RD TAMARAC, FL 33321 US																																																																																																																																																								
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Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																																																																																																																																																									
City & State <i>Tamarac FL</i>		City & State <i>Tamarac FL</i>		4. FEI Number 59-1898193																																																																																																																																																							
Zip <i>33321</i>		Country <i>USA</i>		Applied For <input type="checkbox"/> Not Applicable																																																																																																																																																							
Zip <i>33321</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																																																							
6. Name and Address of Current Registered Agent BREEN, AUDRE 10550 NW 71ST RD. TAMARAC, FL 33321			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>10550 NW 71st Place</i> City <i>Tamarac</i> FL Zip Code <i>33321</i>																																																																																																																																																								
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																																																											
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																																																																																																																																																								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. 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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: <i>[Signature: Bobby Breen]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																																																											
<div style="display: flex; justify-content: space-between;"> <div> <i>4/30/2004</i> <small>Date</small> </div> <div> <i>954-726-7001</i> <small>Daytime Phone #</small> </div> </div>																																																																																																																																																											