


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 612638 1. Entity Name BINGO SUPPLIES OF FLORIDA, INC.					
Principal Place of Business 5523 ETON COURT BOCA RATON, FL 33486				Mailing Address 5523 ETON COURT BOCA RATON, FL 33486	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		08262004 Chg-P CR2E034 (10/03)	
City & State		City & State		4. FEI Number 59-1884886	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SOLOTKIN, JEROME 5523 ETON COURT BOCA RATON, FL 33486				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when reinitiating) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOLOTKIN, JEROME 5523 ETON COURT BOCA RATON, FL 33486		TITLE NAME STREET ADDRESS CITY-ST-ZIP	500042185535 10/26/04--01044--012 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____			10/22/04 (561)3910958		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

FILED
04 OCT 26 PM 2: 04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



BINGO SUPPLIES OF FLORIDA INC.
JEROME SOLOTKIN

10/22/04

TO FLORIDA DEPT OF STATE

AS PER TELEPHONE CONVERSATION

FIRST WE DID NOT RECEIVE
THE ANNUAL REPORT IN THE MAIL
LIKE USUAL

SECOND WE WERE HIT BY
THE TWO HURRICANES. WHERE OUR
BUSINESS IS LOCATED (STUART
FORT PIERCE)

PLEASE WAIVE THE REGISTRATION FEE

Thank
you
Jh