


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2004 8:00 am
Secretary of State

07-13-2004 90007 014 ***550.00

DOCUMENT # F03000000054 1. Entity Name MAHONEY COHEN & COMPANY, CPA, P.C.					
Principal Place of Business 1065 AVENUE OF THE AMERICAS NEW YORK, NY 10018			Mailing Address 1065 AVENUE OF THE AMERICAS NEW YORK, NY 10018		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 13-2806641	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent: UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADELAND BLVD., STE. 508 MIAMI, FL 33156				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 reinstating) 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	D CHASANOFF, TEDDY 1065 AVENUE OF THE AMERICAS NEW YORK, NY 10018	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SIT SCHAEFER, STEPHEN 1065 AVENUE OF THE AMERICAS NEW YORK NY 10018	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHASANOFF, TEDDY 1065 AVENUE OF THE AMERICAS NEW YORK, NY 10018	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.C GARTEN, MARK 1065 AVENUE OF THE AMERICAS New York NY 10018	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDEN, STEVEN 1065 AVENUE OF THE AMERICAS NEW YORK, NY 10018	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.P HERWITZ, GARY 1065 AVENUE OF THE AMERICAS New York NY 10018	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERWITZ, GARY 1065 AVENUE OF THE AMERICAS NEW YORK, NY 10018	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.P HERWITZ, GARY 1065 AVENUE OF THE AMERICAS New York NY 10018	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUTTON, JEFF 1065 AVENUE OF THE AMERICAS NEW YORK, NY 10018	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.P HERWITZ, GARY 1065 AVENUE OF THE AMERICAS New York NY 10018	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEISSMAN, MARVIN 1065 AVENUE OF THE AMERICAS NEW YORK, NY 10018	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.P HERWITZ, GARY 1065 AVENUE OF THE AMERICAS New York NY 10018	<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: STEPHEN SCHAEFER <i>[Signature]</i> 7/1/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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