


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90459 032 ***150.00

DOCUMENT # G03379

1. Entity Name
668 OPERATING CO., INC.



Principal Place of Business **342 NE 61ST** Mailing Address **342 NE 61ST**
~~20191 EAST COUNTRY CLUB DR. MIAMI FL~~ ~~20191 EAST COUNTRY CLUB DR.~~
~~403~~ ~~403~~ ~~MIAMI FL~~
~~AVENTURA, FL 33180 US~~ **33137** ~~AVENTURA, FL 33180 US~~ **33137**

24073795



03182004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2426057

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

IRIS AVRACH
20191 EAST COUNTRY CLUB DR.
APT #403
AVENTURA, FL 33180

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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 **IRIS AVRACH** *IRIS AVRACH* **4/28/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	AVRACH, IRIS
STREET ADDRESS	20191 EAST COUNTRY CLUB DR., #403
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	PSTD
NAME	AXELROD, MANUELA
STREET ADDRESS	342 NE 61ST STREET
CITY-ST-ZIP	MIAMI, FL 33137
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: *Manuela Axelrod* **MANUELA AXELROD** **4/28/04** **854-923-8199**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #