


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT


<b>DOCUMENT # G78178</b> 1. Entity Name <b>FILINGS, INC.</b>	
--	---

FILED

04 MAY -5 PM 12:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2. Principal Place of Business <b>3732 NW 16th St.</b>	3. Mailing Address <b>Same.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



05042004

4. FEI Number <b>59-2517007</b>	Applied For
	Not Applicable


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

City & State <b>Ft Lauderdale FL</b>	City & State	Zip <b>33311</b>	Country <b>USA</b>
---	--------------	---------------------	-----------------------

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
HEYMAN, L 3732 N.W. 16TH ST. FT. LAUDERDALE, FL 33311	Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
---	---	---

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HEYMAN, LESLIE			NAME			
STREET ADDRESS	3732 N.W. 16TH ST.			STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE, FL 33311			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAYDEN, ROBERT			NAME			
STREET ADDRESS	3732 NW 16TH ST.			STREET ADDRESS			
CITY-ST-ZIP	FL. LAUDERDALE, FL 33311			CITY-ST-ZIP			
TITLE	VP/D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HEYMAN, BONNIE			NAME			
STREET ADDRESS	3732 NW 16TH ST			STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROMAN, TERESA			NAME			
STREET ADDRESS	3732 NW 16TH ST.			STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, BRENDA			NAME			
STREET ADDRESS	3732 NW 16TH ST			STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE, FL 33311			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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:** \_\_\_\_\_ **6/3/04** **954 791 4100**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #