

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H59003

FILED
Aug 03, 2004
Secretary of State

Entity Name: SHOSHANNA'S, INC.

Current Principal Place of Business:

C/O ROSA KOPEL
131 NE MIAMI GARDENS DR, APT 1504 E.
NORTH MIAMI BEACH, FL 33179 US

New Principal Place of Business:

C/O ROSA KOPEL
1351 NE MIAMI GARDENS DR, APT 1504 E.
NORTH MIAMI BEACH, FL 33179 US

Current Mailing Address:

C/O ROSA KOPEL
1351 NE MIAMI GARDENS DR APT E-1504
NORTH MIAMI BEACH, FL 33179

New Mailing Address:

FEI Number: 59-2538284 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOPEL, ROSA
1351 NE MIAMI GARDENS DR.
APT. EAST 1504
N. MIAMI BEACH, FL 33179

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: TS () Delete
Name: KOPEL, GELA,
Address: 1351 NE MIAMI GARDENS DR., E., #1504
City-St-Zip: N. MIAMI BEACH, FL

Title: PD (X) Delete
Name: KOPEL, ROSA,
Address: 1351 NE MIAMI GARDENS DR, E., #1504
City-St-Zip: N. MIAMI BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPTS (X) Change () Addition
Name: KOPEL, ROSA,
Address: 1351 NE MIAMI GARDENS DR., E., #1504
City-St-Zip: N. MIAMI BEACH, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSA KOPEL

DPTS

08/03/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date