2004 FOR PROFIT CORPORATION
ANNUAL REPORT

H88275

1. Entity Name
FRICK & FRACK, INC.

Principal Place of Business	Mailing Address
2655 NE 189 ST.	2655 NE 189 ST.
NORTH MIAMI BEACH, FL 33180	NORTH MIAMI BEACH, FL 33180

DO NOT WRITE IN THIS SPACE

02092004

4. FEI Number	Applied For
59-2631393	Not Applicable

5. Certificate of Status Desired ☐ **$8.75**

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6. Name and Address of Current Registered Agent

FREEDMAN, MARTIN B.
2655 NE 189 ST.
NORTH MIAMI BEACH, FL 33180

DO NOT WRITE
IN THIS SPACE

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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 _____
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 ☐ **$5.00** Trust Fund Contribution.	

10. OFFICERS AND DIRECTORS

TITLE	PD	
NAME	FINKEL, NATHAN	
STREET ADDRESS	2655 NE 189 ST.	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL	
TITLE	VPT	U00000097260
NAME	FREEDMAN, MARTIN B.	03/26/04-80031-013 150.00
STREET ADDRESS	2655 NE 189 ST.	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL	
TITLE	VP	
NAME	FREEDMAN, GRACIE	
STREET ADDRESS	2655 NE 189 ST.	
CITY-ST-ZIP	N. MIAMI BEACH, FL	**DO NOT WRITE**
TITLE	S	**IN THIS SPACE**
NAME	FINKEL, JACQUELINE	
STREET ADDRESS	2655 NE 189 ST.	
CITY-ST-ZIP	N. MIAMI BEACH, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
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: _M B Freed_   3/24/04   305-931-5454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #