
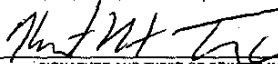


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90014 018 ***150.00

DOCUMENT # H90144 1. Entity Name BOOTS ENTERPRISES, INC.			
Principal Place of Business 1370 HAMMONDVILLE RD POMPANO BEACH, FL 33069 US		Mailing Address 1370 HAMMONDVILLE RD POMPANO BEACH, FL 33069 US	
2. Principal Place of Business 2480 HAMMONDVILLE RD Suite, Apt. #, etc. STE 5 City & State POMPANO BCH Zip FL		3. Mailing Address 2480 HAMMONDVILLE RD Suite, Apt. #, etc. STE 5 City & State POMPANO BCH Zip 33069	
4. FEI Number 59-2611604		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THOMPSON, KENT H. 1370 HAMMONDVILLE RD POMPANO BEACH, FL 33069		7. Name and Address of New Registered Agent Name KENT H. THOMPSON Street Address (P.O. Box Number is Not Acceptable) 2480 HAMMONDVILLE RD STE 5 City POMPANO BCH FL Zip 33069	
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)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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	PVS THOMPSON, KENT 1370 HAMMONDVILLE RD POMPANO BCH., FL 33069	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2480 HAMMONDVILLE RD STE 5 POMPANO BCH FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: 		1-22-04 (954) 781-6137	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	