

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # L27623	
1. Entity Name ED KNOWLES ENTERPRISES, INC.	
Principal Place of Business 521 EAST 33RD STREET P.O. BOX 3224 HIALEAH, FL 33013	Mailing Address 521 EAST 33RD STREET P.O. BOX 3224 HIALEAH, FL 33013



01262004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0153484	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

6. Name and Address of Current Registered Agent KNOWLES, EDWARD 521 EAST 33RD STREET HIALEAH, FL 33013	
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

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

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

U000000026579
02/03/04-80012-018 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KNOWLES, ED 521 E. 33RD STREET HIALEAH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST KNOWLES, MICHAEL B. 521 E. 33RD STREET HIALEAH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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: Edward J. Knowles 1/30/04 305-691-3369
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #