2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L81621

1. Entity Name
M.W.F. ENTERPRISES, INC.

Principal Place of Business	Mailing Address
7121 N.W. 45TH ST. LAUDERHILL, FL 33319	7121 N.W. 45TH ST. LAUDERHILL, FL 33319

DO NOT WRITE IN THIS SPACE

04102004   No Chg-P   CR2E034 (10/03)

4. FEI Number
65-0196776

Applied For ☐
Not Applicable ☐

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

6. Name and Address of Current Registered Agent

FORSYTHE, MAURICE
7121 N.W. 45TH ST.
LAUDERHILL, FL 33319

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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 Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

U000000115841
04/16/04-80045-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	FORSYTHE, MAURICE
STREET ADDRESS	7121 N.W. 45TH ST.
CITY-ST-ZIP	LAUDERHILL, FL

TITLE	VS
NAME	FORSYTHE, PAMELA
STREET ADDRESS	7121 N.W. 45TH ST.
CITY-ST-ZIP	LAUDERHILL, 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	

DO NOT WRITE IN THIS SPACE

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: _Maurice Forsythe_   MAURICE FORSYTHE,   1/13/04   954-741-1661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #