

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90049 047 \*\*\*150.00

<b>DOCUMENT # M04397</b>	
1. Entity Name <b>YOUR CHOICE, INC.</b>	



Principal Place of Business <b>1983 10TH AVE NORTH LAKE WORTH FL 33461 US</b>	Mailing Address <b>1983 10TH AVE NORTH LAKE WORTH FL 33461 US</b>
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2. Principal Place of Business <b>1985 10TH AVE NORTH</b> Suite, Apt. #, etc.	3. Mailing Address <b>1985 10TH AVENUE NORTH</b> Suite, Apt. #, etc.
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MOORE CR2E034 (11/03)

City & State <b>LAKE WORTH, FL</b>	City & State <b>LAKE WORTH, FL</b>
Zip <b>33461</b>	Country <b>USA</b>
Zip <b>33461</b>	Country <b>US</b>

4. FEI Number <b>59-2449913</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>DASHEFSKY, MORRIS 7396 MANDARIN DR BOCA RATON FL 33433</b>	
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7. Name and Address of New Registered Agent Name <b>DASHEFSKY, MORRIS</b> Street Address (R.O. Box Number is Not Acceptable) <b>15928 DOUBLE EAGLE TRAIL</b> City <b>DEERAY BEACH</b> FL Zip Code <b>33446</b>	
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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 <b>[Signature]</b> PRESIDENT	DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State.</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DASHEFSKY, MORRIS M. 7396 MANDARIN DR BOCA RATON FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DASHEFSKY MORRIS M. 15928 DOUBLE EAGLE TRAIL DEERAY BEACH, FL 33446 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS DASHEFSKY, RICKY A. 7396 MANDARIN DR BOCA RATON FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PRESIDENT RICKY A. DASHEFSKY 15928 DOUBLE EAGLE TRAIL DEERAY, BEACH, FL 33446 <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.	
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SIGNATURE: <b>[Signature]</b> PRES. MORRIS M. DASHEFSKY	Date <b>01/28/04</b>	Daytime Phone # <b>561-547-2691</b>
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