## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 08:00 AM
Secretary of State

		IVE: VIVE	<u></u>		Secretary of Stat	ιt
1. Entity Nar	MENT # M29754 ACKING & SALES, INC.				·	
Principal Plac	ce of Business	Mailing Address	·- <del>-</del>	1		
14095 STAT		14095 STATE RD.7				
	ACH, FL 33446	DELRAY BEACH, FL 33446				
DECIME DE	nui, ( L 33470	DECOM DEACH, FE 33440		]		
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				03172004	No Chg-P GR2E034 (10/03)	
	OO NOT WRITE	IN THIS SPA	CE	4 55111	I Applied Co	
_				4. FEI Numb 59-271		
				39-21		aoie
İ				<ol><li>Certificate</li></ol>	of Status Desired Sa.75 Additional	
ļ	6. Name and Address of Current R	The second of the second	×		Fee Required	
} <del></del>	6. Name and Address of Current H	egistered Agent	4	-		
DEDO DE	TEB					
PERO, PE				DO	NOT WRITE	
10495 STATE ROAD 7 DELRAY BEACH, FL 33446						
DELIVATI	DEAGH, FE 33440			IN 1	THIS SPACE	
				31 W :	THO OF ACE	
<u> </u>			1		·	
the obliga	a named entity submits this statement for a tions of registered agent.	the britiose of changing its register	rea onice or register	ed agent, or oo	th, in the State of Florida. I am familiar with, and according	ept
SIGNATURE.		<u> </u>		<u>:</u>	<u></u>	
1	Signature, typed or printed name of registered agent an	i life il applicable (NOTE Register	ed Agent signature required	when reinstating)	DATE	
FIL After M	E NOWII! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Fina     Trust Fund Contribution		.00 May Be ed to Fees	U00000115702 04/16/04-80034-015 150.00	
10.	OFFICERS AND D	IRECTORS			·	
TITLE	PD					
MAME	PERO, PETER					
STREET ADDRESS	14095 STATE RD.7		1			
CITY-ST-ZIP	DELRAY BEACH, FL					
TITLE	VD	R. MAIII	-1			
NAME	PERO, FRANK		ł			
STREET ADDRESS	1 '		ł			
CITY-ST-ZIP	DELRAY BCH., FL					
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TITLE	VD DEFIC CHARLES					
NAME emera senerce	PERO, CHARLES		I			
STREET ADDRESS	14095 STATE ROAD 7		1	no	NOT WRITE	
CATY-ST-ZIP	DELRAY BCH., FL	<u> </u>			HO! WILL	
TITLE	STD			INI "	THIS SPACE	
NAME	PERO, ANGELA			11.4	IIIO OFMOL	
STREET ADDRESS	14095 STATE ROAD 7		į.			
CITY-ST-ZIP	DELRAY BCH., FL	. <u> </u>	1		=	
TITLE	-		I			
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STREET ADDRESS	Annana		1			
City-St-DP	{		1			
TITLE		· · · · · · · · · · · · · · · · · · ·	1			
NAME	(		1			
STREET ADDRESS	Ì		I			
CITY-ST-ZIP			l			
	<u> </u>		<u> </u>		<u> </u>	
12. Thereby (			rooming stated in Ca.	meiora 440 07/95/	in the date Charles and Charles a secret state of a factor of the	a
indicated	certify that the information supplied with the i on this report or supplemental report is tr	as illing does not quality for the ext ue and accurate and that my sinna	stiption stated as set tipre shall have the s	ciion Trator(S)( same legal ellec	ll), richtea statutes, i turiner certify that the information it as if made under oath: that I am an officer or directe	O.
indicated of the cor	certify that the information supplied with the contract of this report or supplemental report is transfer on the receiver or trustee empower or on an attachment with the address.	is filing does not qualify for the ext ue and accurate and that my signal ered to execute this report as requi-	iture shall have the s lived by Chapter 607	iame legal ellec , Florida Statute	<li>ii), Florida Statutes, I further certify that the information t as if made under cath; that I am an officer or direct s; and that my name appears in Block 10 or Block 11</li>	or 1 if

SIGNATURE: SIGNATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE OF SIGNING OFFICER OR DIRECTOR