

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M73138

FILED  
Feb 11, 2004  
Secretary of State

Entity Name: KOZAK ENTERPRISES, INC.

## Current Principal Place of Business:

7761 HIGHLAND CIR.  
MARGATE, FL 33063

## New Principal Place of Business:

2690 W SAMPLE ROAD  
POMPANO BEACH, FL 33073

## Current Mailing Address:

C/O ZUCKER, 17140 ARVIDA PKWY., STE.4  
WESTON, FL 33326

## New Mailing Address:

2690 W SAMPLE ROAD  
POMPANO BEACH, FL 33073

FEI Number: 65-0052721

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KOZAK, MORTON  
7761 HIGHLAND CIR.  
MARGATE, FL 33063 US

## Name and Address of New Registered Agent:

KOZAK, MORTON  
2690 W SAMPLE ROAD  
POMPANO BEACH, FL 33073 US

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.

SIGNATURE: MORT KOZAK

02/11/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PS ( ) Delete  
Name: KOZAK, MORTON,  
Address: 7761 HIGHLAND CIR.  
City-St-Zip: MARGATE, FL

Title: VT ( ) Delete  
Name: KOZAK, BRIGITTE  
Address: 7761 HIGHLAND CIRCLE  
City-St-Zip: MARGATE, FL 33063

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change ( ) Addition  
Name: KOZAK, MORTON,  
Address: 2690 W SAMPLE ROAD  
City-St-Zip: POMPANO BEACH, FL 33073

Title: VT (X) Change ( ) Addition  
Name: KOZAK, BRIGITTE  
Address: 2690 W SAMPLE ROAD  
City-St-Zip: POMPANO BEACH, FL 33073

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MORT KOZAK

PRES

02/11/2004

Electronic Signature of Signing Officer or Director

Date