


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 19, 2004 08:00 AM
Secretary of State**

DOCUMENT # M99644 1. Entity Name FEINA ENTERPRISES, INC.		
Principal Place of Business 1383 52ND AVE., NORTHEAST ST. PETERSBURG, FL 33703	Mailing Address 1383 52ND AVE., NORTHEAST ST. PETERSBURG, FL 33703	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WEBBER, CAROLE M 1383 52ND AVE N.E. ST. PETERSBURG, FL 33703		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WEBBER, CAROLE M. 1383 52ND AVE NE ST PETERSBURG, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WEBBER, RAYMOND 1383 52ND AVE NE ST PETERSBURG, 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		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Carole M. Webber</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4-15-04 727-527-0160 <small>Date Daytime Phone #</small>



02212004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2915064	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

000000118781
04/19/04-80074-006 150.00

**DO NOT WRITE
IN THIS SPACE**