

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004146

Entity Name: VOLKSBLAST, INC.

FILED
Jul 04, 2004
Secretary of State

Current Principal Place of Business:

C/O NORMAN KASSOFF
15405 SW 77TH COURT
MIAMI, FL 331572342

New Principal Place of Business:

C/O THE WIZARDS, INC.
5864 COMMERCE LANE
SOUTH MIAMI, FL 33143

Current Mailing Address:

C/O NORMAN KASSOFF
15405 SW 77TH COURT
MIAMI, FL 331572342

New Mailing Address:

C/O THE WIZARDS, INC.
5864 COMMERCE LANE
SOUTH MIAMI, FL 33143

FEI Number: 30-0093255

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JONES, JESSE C
9990 SOUTHWEST 77TH AVE PH-15
MIAMI, FL 331562661 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: KASSOFF, NORMAN
Address: 15405 SW 77TH COURT
City-St-Zip: MIAMI, FL 331572342

Title: DV () Delete
Name: STECKLEY, WILLIAM
Address: 6860 SW 75TH TERRANCE
City-St-Zip: MIAMI, FL 33143

Title: DST () Delete
Name: NEUFELD, CARLA
Address: 6851 SUNSET DR.
City-St-Zip: S. MIAMI, FL 33143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLA NEUFELD

DST

07/04/2004

Electronic Signature of Signing Officer or Director

Date