

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000015050

FILED
Apr 01, 2004
Secretary of State

Entity Name: DOUBLE F ENTERPRISES, INC.

Current Principal Place of Business:

2186 NW 75TH WAY
PEMBROKE PINES, FL 330247161

New Principal Place of Business:

2186 NW 75TH WAY
PEMBROKE PINES, FL 33024 US

Current Mailing Address:

PO BOX 840437
PEMBROKE PINES, FL 33084

New Mailing Address:

2186 NW 75TH WAY
PEMBROKE PINES, FL 33024 US

FEI Number: 65-0983516

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COVE, ANDREW N ESQ.
3801 HOLLYWOOD BLVD., #100
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

MOHAMMED, FARZAN
2186 NW 75TH WAY
PEMBROKE PINES, FL 33024 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: FARZAN MOHAMMED

04/01/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MOHAMMED, FARZAN
Address: 2186 NW 75TH WAY
City-St-Zip: HOLLYWOOD, FL 330247161

Title: TD (X) Delete
Name: MOHAMMED, FAREDA
Address: 2186 NW 75TH WAY
City-St-Zip: HOLLYWOOD, FL 330247161

Title: VPD (X) Delete
Name: MOHAMMED, CARLON K
Address: 2261 SW 42ND WAY
City-St-Zip: FORT LAUDERDALE, FL 333176623

Title: SD (X) Delete
Name: MOHAMMED, FELISHA
Address: 2261 SW 42ND WAY
City-St-Zip: FORT LAUDERDALE, FL 333176623

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:

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

SIGNATURE: FARZAN MOHAMMED

PD

04/01/2004

Electronic Signature of Signing Officer or Director

Date