


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90031 041 ***158.75

DOCUMENT # P00000078861 1. Entity Name A KAY ENTERPRISES, INC.					
Principal Place of Business 91770 SW 22ND STREET BOCA RATON FL 33428				Mailing Address 91770 SW 22ND STREET BOCA RATON FL 33428	
2. Principal Place of Business 9177 SW 22ST Suite, Apt. #, etc. Suite D City & State Boca Raton, FL Zip 33428 Country USA		3. Mailing Address Same Suite, Apt. #, etc. Suite D City & State Zip Country			
4. FEI Number NO-T APPLICABLE				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				MOORE CR2E034 (11/03)	
6. Name and Address of Current Registered Agent DEMARIA, ALYSE 9503 BOCA COVE CIRCLE #605 BOCA RATON FL 33428-7750			7. Name and Address of New Registered Agent Name Alyse DeMaria Street Address (P.O. Box Number is Not Acceptable) 9177 SW 22 ST Suite D City Boca Raton FL Zip Code 33428		
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 <u><i>Alyse DeMaria</i></u> DATE <u><i>1/30/04</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D <input type="checkbox"/> Delete NAME DEMARIA, ALYSE STREET ADDRESS 9177 D SW 22ND STREET CITY-ST-ZIP BOCA RATON FL 33428	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
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12. I hereby certify that the information supplied with this filing does not qualify 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 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><i>Alyse DeMaria</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u><i>1-30-04</i></u> Daytime Phone # <u><i>561-852-2338</i></u> <u><i>754-234-0244</i></u>		