## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

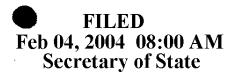
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## DOCUMENT # P0000092399

BOYNTON BEACH R/E ENTERPRISES, INC.

Principal Place of Business 905 N RAILROAD AVENUE BOYNTON BEACH, FL 33435 Mailing Address

905 N RAILROAD AVENUE BOYNTON BEACH, FL 33435





01162004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-1045586 Applied For Not Applicable

5. Certificate of Status Desired \_\_\_ [

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COHEN, ANDREW 905 N. RAILROAD AVE. BOYNTON BEACH, FL 33435

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

]						
	named entity submits this statement for the patients of registered agent.	ourpose of changing its registere	d office or re	egistered agent, or bo	th, in the State of Florida. I am familiar with	n, and accept
SIGNATURE_	Signature, typed or proted name of registered agent and little	suited when reinstaling) DATE				
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing .	\$5.00 May Be Added to Fees		· · <u>· · · · · · · · · · · · · · · · · </u>
10.	OFFICERS AND DIRECT	CTORS			7323-4	
RITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COHEN, ANDREW 905 N RAILROAD AVE BOYNTON BEACH, FL 33435				U00000034442 02/05/04-80084-004 1	50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					· <u>-</u>	
TITLE NAME STREET ADDRESS CITY -ST - ZIP				DO	NOT WRITE	
title • name street address city - S1-Z1P				IN T	THIS SPACE	
TILE NAME STREET ADDRESS CITY-SI-ZIP					÷	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						·.
12. I hereby of indicated of the corrections of the	tertify that the information supplied with this fill on this report or supplemental reporties true a portation or the receiver a trustee empowered or on an attachment with an address, will all	ing does not ovally for the exer not securate and traying signature to execute his report as regular other like imposeded.	nption stated or shall have d by Chapte	in Section 119.07(3)(i a the same legal effec er 607, Florida Statuté	i), Florida Statutes. I further certify that the tas if made under gath; that I am an office s; and that my name appears in Block 10 of	information r or director or Block 11 if