

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90294 017 ***150.00

DOCUMENT # P01000007286					
1. Entity Name NORMAN YACOPINO INC					
Principal Place of Business 4280 NW 74 STREET COCONUT CREEK, FL 33073			Mailing Address 4280 NW 74 STREET COCONUT CREEK, FL 33073		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1097005	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent YACOPINO, NORMAN 4280 NW 74 STREET COCONUT CREEK, FL 33073			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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: DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE VP	NAME BEAN, JON		TITLE V.P.	NAME JONATHAN DEAN	
STREET ADDRESS 5300 NE 4 TERR	CITY-ST-ZIP FORT LAUDERDALE, FL 33334		STREET ADDRESS 5300 NE 4 TERRACE	CITY-ST-ZIP FT. LAUDERDALE, FL 33334	
TITLE T	NAME DEAN, JEFF		TITLE 	NAME 	
STREET ADDRESS 5720 NE 6 TERR	CITY-ST-ZIP FORT LAUDERDALE, FL 33334		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE SEC	NAME YACEPINO, NORMAN		TITLE Sec	NAME NORMAN YACOPINO	
STREET ADDRESS 4280 NW 74 ST	CITY-ST-ZIP POMPANO BEACH, FL 33073		STREET ADDRESS 4280 NW 74 ST	CITY-ST-ZIP COCONUT CREEK, FL 33073	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		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)(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:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					

24061684

