[redacted]

FILED
May 04, 2004 8:00 am
Secretary of State

04-19-2004 90416 010 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000015223

1. Entity Name
HEIFERMAN ENTERPRISES, INC.

66418805

Principal Place of Business
2883 NORTH RD., APT #3
CLEARWATER, FL 33760

Heiferman Enterprises, Inc.
P.O. Box 296
Bay Pines, FL 33744

04072004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
24761 US Hwy 19 N	24761 US Hwy 19 N
Suite, Apt. #, etc. 630	Suite, Apt. #, etc. 630
City & State: Clearwater, FL	City & State: Clearwater, FL
Zip: 33763 Country: USA	Zip: 33763 Country: USA

4. FEI Number: 59-3702809 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Heiferman Enterprises, Inc. P.O. Box 296 Bay Pines, FL 33744	Name: Louis Scoumas Street Address (P.O. Box Number is Not Acceptable): 24761 US Hwy 19 N Ste 630 City: Clearwater FL Zip Code 33763

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: [signature] 4/21/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEIFERMAN, FRED 2883 NORTH RD., APT #3 CLEARWATER, FL 33760 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 24761 US Hwy 19 N Ste 630 Clearwater, FL 33763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Fred Heiferman [signature] 4/21/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #