


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Mar 24, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000020447 1. Entity Name ABC WORKSHOP OF CORAL SPRINGS, INC.	
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Principal Place of Business 12560 W. ATLANTIC BLVD CORAL SPRINGS, FL 33071	Mailing Address 12560 W. ATLANTIC BLVD CORAL SPRINGS, FL 33071
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03162004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1091399	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SALAMON, EDMA 1001 NE 26TH TERRACE POMPANO BEACH, FL 33062
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**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and file 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. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000095120 03/24/04 00019-025 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SALAMON, EDMA 1001 NE 27TH TERR POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KHAWL, NABIL 1001 NE 27TH TERR POMPANO BEACH, FL 33062
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ **3/18/04** **(954) 344-5000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time/Phone #