


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000084663 1. Entity Name SHOPS AT COCONUT CREEK, INC.	
---	---

Principal Place of Business 6946 E. WEDGEWOOD AVENUE DAVIE, FL 33331	Mailing Address 6946 E. WEDGEWOOD AVENUE DAVIE, FL 33331
--	--

DO NOT WRITE IN THIS SPACE



01302004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1133032	Applied For. Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLOOMGARDEN, PAUL M
 PINE ISLAND COMMONS SUITE 208
 8551 WEST SUNRISE BLVD.
 FORT LAUDERDALE, FL 33322

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 _____ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KHAN, SHOIB 6946 E. WEDGEWOOD AVENUE DAVIE, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIDDIQUI, NAFEEES 6946 E. WEDGEWOOD AVENUE DAVIE, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KHAN, NAJEEB U 6946 E. WEDGEWOOD AVENUE DAVIE, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000041787
 02/09/04-80103-004 150.00

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: *X Shoib Khan* *X REZ* *X 2-5-04 954-713-291*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____