## 2004 FOR PROFIT CORPORATION

## **FILED**

| ANNUAL REPORT                                     |  |   |   |  | Jan 15, 2004 08:00 AN  |  |  |  |
|---|--|---|---|--|--|--|--|--|
| DOCUMENT # P01000090497                           |  |   |   |  |  | Secr   | etary of   | State  |
| 1. Entity Nam<br>CROWN                            | HOBBIES, INC.  |   |   |  |  |  |  |  |
| Principal Plac                                    | ce of Business   | Mailing Address                         |   |  |  |  |  |  |
| 7439 CORAL<br>MIAMI, FL 3                         |  | ,7439:CORAL WAY<br>MIAMI, FL 33155      |   | . *                                      |  |  |  |  |
| ( CHAPA, FL 3                                     | )3 (33   | Y Mikult Lr 22 (22                      |   | •  | i ipanidit n   |  | VI   |  |
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| }   | And the state of t |   |   | 14 <b>340</b> 0                          | e endement   | e walah kepih makki malili <b>da</b>   | iis buith (biis buit) binth  | (B))( (BB(BB) )( (BB)                              |
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| L   | OO NOT WRITE   |   | PAUE  |  | 4. FEI Numb  |  | -  | Applied For  |
|   |  |   | in the state of t | en i i i i i i i i i i i i i i i i i i i | 65-114   |  |  | Not Applicate'  5 Additional                       |
|   | 6. Name and Address of Current   | Periatored & cont                       | 1   |  | 5. Cermicale   | of Status Desired  |  | equired  |
|   |  | Hedistered Agent                        |   |  | <u>* **</u>  | •  |  |  |
| PERLIN, BRIAN C<br>201 ALHAMBRA CIRCLE, SUITE 503 |  |   |   |  | DO   | NOT W  | RITE   | - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1            |
|   | ABLES, FL 33134  |   |   |  | IN T   | THIS SE  | PACE   | 2. <u>2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2</u> |
|   |  |   |   |  |  | ,, 110 Ot  |  |  |
| R The above                                       | named entity submits this statement to   | the overness of changing ite            | racistared off  | lea or register                          | ad agent or be   | the in the Crute of Ci   | arida Lara familia   | with and accept                                    |
|   | fions of registered agent.   | title purpose of changing his i         | registerac on   | ice of register                          | en agent, or bo  | ui, iii die State Of Fi  | Jilde. 1 am lamai  | wibi, and accept                                   |
| SIGNATURE.  |  | ·                                       |   |  |  |  |  |  |
| <b></b>   | Signature, typed or printed name of registered agent   | and his d applicable (NOTE              | Registered Agent  | Signature required                       | when reinstating?  | , -  | DATE   |  |
| Fit<br>After M                                    | E NOW!!! FEE IS \$150.00<br>ay 1, 2004 Fee will be \$550.  | 9. Election Campaig<br>Trust Fund Contr |   | \$5.                                     | 00 May Be<br>ed to Fees  |  |  |  |
| 10.   | OFFICERS AND   | DIRECTORS                               |   |  |  |  |  | , news =   |
| NAME  | PERKIS, MORTON Y   |   |   |  |  |  |  | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -            |
| STREET ADDRESS<br>CITY-ST-ZIP                     | 4680 W 13TH LANE APT 216<br>HIALEAH, FL 33012  |   |   |  |  |  |  |  |
| TITLE   | Three Hill Cook  |   |   |  |  |  |  |  |
| NAME  |  |   |   |  |  | 11000000<br> - 01/15/04  | 004793   | A CHARLES AND PARTY AND PARTY.                     |
| STREET ADDRESS<br>CITY-ST-ZIP                     |  |   |   |  |  | 01/15/04-  | 30027-004  | 150.00   |
| nnle  |  | ······································  |   |  |  |  |  |  |
| NAME<br>STREET ADDRESS                            |  |   |   |  |  |  | <u> </u>   |  |
| CITY-ST-ZIP                                       |  |   |   |  | DO   | NOT W  | RITE   | .,   |
| TITLE   |  |   |   |  | IN.  | THIS SI  | PACE   |  |
| NAME<br>STREET ADDRESS                            |  |   |   |  |  |  |  | <br>تيني<br>تگاره د درد.                           |
| CITY-ST-ZIP                                       |  |   |   |  |  | *  | tay iriga ta   |  |
| TITLE   |  |   | 1   |  |  |  |  |  |
| NAME<br>STREET ADDRESS                            |  |   | •   |  | 5.<br>   | Similar Company  | are a constant and the same and |  |
| CITY-ST-ZIP                                       |  |   |   | مىۋىكىسى دىكىدى                          | in the second of |  |  |  |
| TITLE<br>NAME                                     |  |   | 1   |  |  | The second secon | established a second of the se |  |
| STREET ADDRESS                                    | <u> </u>   |   |   | -congression                             |  |  |  |  |
| CITY-ST-ZIP                                       | }  |   | ì   |  | , · :  | re martin ar   | ***  |  |

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:

CITY-ST-ZIP

SURATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #