

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 03, 2004 8:00 am**  
**Secretary of State**

08-03-2004 90008 027 \*\*\*558.75

**DOCUMENT # P01000109178**

1. Entity Name  
**EASTCHESTER ENTERPRISES, INC.**



Principal Place of Business  
**1850 W. MCNAB RD.  
FT. LAUDERDALE, FL 33309**

Mailing Address  
**1850 W. MCNAB RD.  
FT. LAUDERDALE, FL 33309**

**DO NOT WRITE IN THIS SPACE**



07092004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**75-3114347**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**FEROLA, FRANK F  
1850 W. MCNAB RD.  
FT. LAUDERDALE, FL 33309**

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/28/04

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	FEROLA, FRANK F
STREET ADDRESS	1850 W. MCNAB RD.
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309
TITLE	VSTD
NAME	D'AMBROSIO, THOMAS M
STREET ADDRESS	10777 W SAMPLE RD APT 614
CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	D
NAME	SHAHEEN, SHOUKY A
STREET ADDRESS	3625 CUMBERLAND BLVD SUITE 250
CITY-ST-ZIP	ATLANTA, GA 30339
TITLE	D
NAME	DE PINTO, JOHN
STREET ADDRESS	200 RIVER PARK DR
CITY-ST-ZIP	ORANGEBURG N.Y. 10962
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(l), 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

7/28/04

Date

(561) 477-6349

Daytime Phone #