

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



07092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-3114347	Applied For Not Applicable
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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

[Handwritten Signature]

(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 NAME STREET ADDRESS CITY-ST-ZIP	PD FEROLA, FRANK F 1850 W. MCNAB RD. FT. LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD D'AMBROSIO, THOMAS M 10777 W SAMPLE RD APT 614 CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D .SHAHEEN, SHOUKY A 3625 CUMBERLAND BLVD SUITE 250 ATLANTA, GA 30339
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE PINTO, JOHN 200 RIVER PARK DR JUPITER, FL 33477 <i>74 COURTWOOD VILLAGE ORANGEBURG N.Y. 10962</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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)(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: *[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/28/04

Date

(561) 479-6349

Daytime Phone #