


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2004 8:00 am
Secretary of State

01-16-2004 90010 026 ***150.00

DOCUMENT # P02000045152	
1. Entity Name SARA GOBOTCHIE, INC.	

Principal Place of Business 6601 N.W. 14TH STREET SUITE 1 PLANTATION, FL 33313	Mailing Address 5009 N. HIATUS ROAD SUNRISE, FL 33351-7904
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2. Principal Place of Business 5009 N Hiatus Rd	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State SUNRISE FL	City & State
Zip 33351	Country

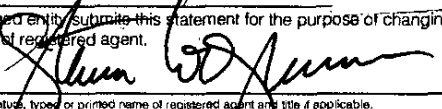
01082004 Chg-P CR2E034 (10/03)



8. Name and Address of Current Registered Agent COOPERMAN, STEVEN J 6601 N.W. 14TH STREET SUITE 1 PLANTATION, FL 33313	
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7. Name and Address of New Registered Agent	
Name Cooperman Steve	
Street Address (P.O. Box Number is Not Acceptable) 5009 N Hiatus Rd	
City Sunrise	FL 33351

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.

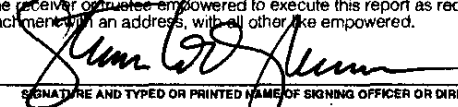
SIGNATURE:  DATE: **1/12/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOPERMAN, STEVEN J 6601 N.W. 14TH STREET #1 PLANTATION, FL 33313 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cooperman Steven J 5009 N Hiatus Rd SUNRISE FL 33351 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE: **1/12/04** DAYTIME PHONE: **954 572 7410**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR