

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000051899

FILED
Feb 19, 2004
Secretary of State

Entity Name: SHADY OAKS MOBILE HOME PARK, INC.

Current Principal Place of Business:

600 THREE ISLANDS BLVD #1811
HALLANDALE, FL 33009

New Principal Place of Business:

Current Mailing Address:

600 THREE ISLANDS BLVD #1811
HALLANDALE, FL 33009

New Mailing Address:

FEI Number: 01-0692284

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DABACH, AMNON
600 THREE ISLANDS BLVD #1811
HALLANDALE, FL 33009 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DABACH, EZRA
Address: 1075 SILVERBELL ST
City-St-Zip: HOLLYWOOD, FL 33019

Title: D () Delete
Name: DABACH, AMNON
Address: 600 THREE ISLANDS BLVD #1811
City-St-Zip: HALLANDALE, FL 33009

Title: D () Delete
Name: DABACH, ZIVA
Address: 600 THREE ISLANDS BLVD #1811
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMNON DABACH

D

02/19/2004

Electronic Signature of Signing Officer or Director

Date