2004 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 22, 2004 8:00 am Secretary of State 03-22-2004 90041 048 ***150.00

DOCUMENT # P02000052211 1. Entity Name COCONUT CREEK ENTERPRISES, INC.						05-22-2004	70041 040	150	0.00
Principal Place of Business 4701 JOHNSON ROAD BAY 1 POMPANO BEACH, FL 33073		Mailing Address 4701 JOHNSON ROAD BAY 1 POMPANO BEACH, FL 33073					540		
2. Principal Place of Business		3. Mailing Address		_ 					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03182004	Chg-P	CR2E034 (1	0/03)	
City & State		City & State			4. FEI Number 04-367			 	plied For t Applicable
Zip Country		Zip Count		try		of Status Desired		75 Addi	itional
	6. Name and Address of Current	Registered Agent	L	1	7. Name and	Address of New I		<u> </u>	
WEINTRUAUB, BURT. 4701 JOHNSON ROAD BAY 1 POMPANO BEACH, FL 33073				Name SAmi SHEMTOV Street Address (P.O. Box Number is Not Acceptable) 4-701 John Son BAy 1 City Rose Address Tip Gode 10					
the obligati	named entity submits this statement to ions of registered agent. Signature, typed or printed name of registered agent.		KE: Registere	Civel d Agent signature requ	lired when reinstating)	th, in the State of Fi	3/18/	ar with,	and accept
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0				55.00 May Be dded to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OF			
NAME STREET ADDRESS CITY-ST-ZIP	D WEINTRAUB, BURT 3901 NE 27TH TER LIGHTHOUSE POINT, FL 33064	Delete		1				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FELDSHER, HOWARD 972 E 24TH ST BROOKLYN, NY 11210	☐ Delete						Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WONG, MARGARET 6301 FAUSTINO WAY SACRAMENTO, CA 95831	☐ Delete	4					Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEMTOV, SAMI 3640 YACHT CLUB DR PH#5 AVENTURA, FL 33064	□ Delete						Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	1	I .		•		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete		,				Change	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR