

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000082422

FILED  
Mar 15, 2004  
Secretary of State

Entity Name: RED'S CAMUSO LOUGE INC.

## Current Principal Place of Business:

1925 NE 45TH ST  
FT LAUDERDALE, FL 33308

## New Principal Place of Business:

## Current Mailing Address:

1925 NE 45TH ST  
FT LAUDERDALE, FL 33308

## New Mailing Address:

FEI Number: 33-1014936

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HACKSPACHER, KIM  
1925 NE 45TH ST  
FT LAUDERDALE, FL 33308

## 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: P ( ) Delete  
Name: HACKSPACHER, KIM  
Address: 5231 NE 18TH TERR  
City-St-Zip: FT LAUDERDALE, FL 33308

Title: ST ( ) Delete  
Name: HACKSPACHER, PAULA M  
Address: 5231 NE 18TH TERR  
City-St-Zip: FT LAUDERDALE, FL 33308

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: KIM HACKSPACHER

P

03/15/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date