2004 FOR PROFIT CORPORATION
ANNUAL REPORT

3/

DOCUMENT # P02000094198

1. Entity Name
ABC WORKSHOP PROPERTIES OF CORAL SPRINGS, INC.

Principal Place of Business	Mailing Address
12560 W ATLANTIC BLVD. CORAL SPRINGS, FL 33071 US	12560 W ATLANTIC BLVD. CORAL SPRINGS, FL 33071 US

DO NOT WRITE IN THIS SPACE

03162004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
55-0793939	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SALAMON, EDMA
7720 KIMBERLY BOULEVARD
NORTH LAUDERDALE, FL 33068

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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE
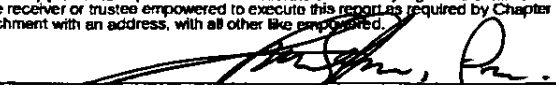
FILE NOW!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SALAMON, EDMA
STREET ADDRESS	1001 NE 27TH TERRACE
CITY-ST-ZIP	POMPANO BEACH, FL 33062

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(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: _____   4/5/04   (954) 722-70__

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #