

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000133031

FILED
Apr 26, 2004
Secretary of State

Entity Name: CROTCHROCKETS TO BARHOPPERS, INC.

Current Principal Place of Business:

11155 NW 26TH PLACE
SUNRISE, FL 33322

New Principal Place of Business:

930A WEST PROSPECT ROAD
OAKLAND PARK, FL 33309

Current Mailing Address:

11155 NW 26TH PLACE
SUNRISE, FL 33322

New Mailing Address:

FEI Number: 55-0809532

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSTOS, BILL
11155 NW 26TH PLACE
SUNRISE, FL 33322

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: DPS () Delete
Name: BUSTOS, BILL
Address: 11155 NW 26TH PLACE
City-St-Zip: SUNRISE, FL 33322

Title: ST () Delete
Name: BUSTOS, ANA L
Address: 11155 NW 26 PLACE
City-St-Zip: SUNRISE, FL 33322

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: ST (X) Change () Addition
Name: BUSTOS, ANA L
Address: 11155 NW 26 PLACE
City-St-Zip: SUNRISE, FL 33322

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: ONA L. BUSTOS

ST

04/26/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date