


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90692 037 ***158.75

DOCUMENT # P03000017064	
1. Entity Name FAMCO ACQUISITION COMPANY, INC.	

Principal Place of Business 2101 NW CORPORATE BLVD STE 414 BOCA RATON FL 33431	Mailing Address 2101 NW CORPORATE BLVD STE 414 BOCA RATON FL 33431
--	--

2. Principal Place of Business	3. Mailing Address P.O. Box 667126
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Pompano Bch, FL
Zip	Country USA



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent POLLOCK, KENNETH S 2101 NW CORPORATE BLVD STE 414 BOCA RATON FL 33431	
---	--

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
7. Name and Address of New Registered Agent	
Name	IRWIN J. NEWMAN
Street Address (P.O. Box Number is Not Acceptable)	1600 S. Federal Hwy
City	Pompano Bch FL
Zip Code	33062

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	DATE 4-26-04

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> Delete
NAME	NEWMAN, IRWIN J
STREET ADDRESS	2101 NW CORPORATE BLVD STE 414
CITY-ST-ZIP	BOCA RATON FL 33431
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRWIN J. NEWMAN
STREET ADDRESS	1600 S. Federal Hwy
CITY-ST-ZIP	Pompano Beach, FL 33062
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: 	IRWIN J. NEWMAN	DATE 4-26-04	DAYTIME PHONE (954) 818 3058
--	------------------------	---------------------	-------------------------------------