

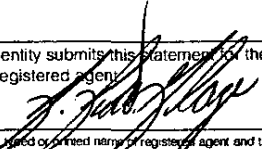
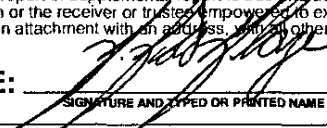


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 18, 2004 8:00 am**  
**Secretary of State**

02-18-2004 90005 043 \*\*\*150.00

<b>DOCUMENT # P03000020596</b> 1. Entity Name <b>CS HOLDINGS, INC.</b>																	
Principal Place of Business <b>3521 NORTH 32ND TERRACE HOLLYWOOD, FL 33021</b>			Mailing Address <b>3521 NORTH 32ND TERRACE HOLLYWOOD, FL 33021</b>														
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country															
																	
01072004      Chg-P      CR2E034 (10/03)		4. FEI Number <div style="border: 1px solid black; padding: 2px; display: inline-block;">65-1178204</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 10px;">           Applied For  <input type="checkbox"/> Not Applicable         </div>															
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent  <b>SPIEGEL &amp; UTRERA, P.A. 1840 SOUTHWEST 22 STREET, 4TH FLOOR MIAMI, FL 33145</b>															
7. Name and Address of New Registered Agent Name <b>SCOTT GLAZER</b> Street Address (P.O. Box Number is Not Acceptable) <div style="border: 1px solid black; padding: 2px; display: inline-block;">3521 N. 32 Terrace</div> City <b>Hollywood</b> FL      Zip Code <b>33021</b>		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: <b>1/6/04</b> <small>Signature used or printed name of registered agent and the fee applicable. (NOTE: Registered Agent signature required when reinstating)</small>															
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS													
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="width: 70%; padding: 2px;"> <div style="border: 1px solid black; padding: 2px;">             DPST GLAZER, I. SCOTT 3521 NORTH 32ND TERRACE HOLLYWOOD, FL 33021           </div> <input type="checkbox"/> Delete         </td> </tr> <tr> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 2px;"> <div style="border: 1px solid black; padding: 2px;">             DVP BERNSTEIN, CYNTHIA 3521 NORTH 32ND TERRACE HOLLYWOOD, FL 33021           </div> <input type="checkbox"/> Delete         </td> </tr> <tr> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 2px;"> <div style="border: 1px solid black; padding: 2px;">                       </div> <input type="checkbox"/> Delete         </td> </tr> <tr> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 2px;"> <div style="border: 1px solid black; padding: 2px;">                       </div> <input type="checkbox"/> Delete         </td> </tr> <tr> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 2px;"> <div style="border: 1px solid black; padding: 2px;">                       </div> <input type="checkbox"/> Delete         </td> </tr> <tr> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 2px;"> <div style="border: 1px solid black; padding: 2px;">                       </div> <input type="checkbox"/> Delete         </td> </tr> </table>				TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; padding: 2px;">             DPST GLAZER, I. SCOTT 3521 NORTH 32ND TERRACE HOLLYWOOD, FL 33021           </div> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; padding: 2px;">             DVP BERNSTEIN, CYNTHIA 3521 NORTH 32ND TERRACE HOLLYWOOD, FL 33021           </div> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; padding: 2px;">                       </div> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; padding: 2px;">                       </div> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; padding: 2px;">                       </div> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; padding: 2px;">                       </div> <input type="checkbox"/> Delete
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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, any other like empowered.  SIGNATURE:  Date: <b>1/6/04</b> Daytime Phone #: <b>954.295-9077</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																	