

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000059805

1. Entity Name
CRAB BUDDIES, INC.



Principal Place of Business
2802 N 29TH AVE
HOLLYWOOD, FL 33020

Mailing Address
2802 N 29TH AVE
HOLLYWOOD, FL 33020

2. Principal Place of Business

13178 N.W. 11TH PL

3. Mailing Address
13178 N.W. 11TH PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
SUNRISE FL

City & State
SUNRISE PL

Zip 33323

Zip 33323

Country U.S.

6. Name and Address of Current Registered Agent

PROTAL, LIRAN
2802 N 29TH AVE
HOLLYWOOD, FL 33020

Name

Street Address (P.O. Box Number is Not Acceptable)

13178 N.W. 11TH PL

City

FL

Zip Code

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME PORTAL, LIRAN
STREET ADDRESS 2802 N 29TH AVE
CITY-ST-ZIP HOLLYWOOD, FL 33020

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

13178 N.W. 11TH PL
SUNRISE FL. 33323

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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Change Addition

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CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

05-03-2004 91248 016 ***150.00

94083385



04272004 Chg-P CR2E034 (10/03)

4. FEI Number 54-2113364 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required