Mar 18 04 10:49a Jaffee

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Apr 07, 2004 8:00 am
Secretary of State
03-22-2004 90068 026 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000065745

1. Entity Name
TURBO POP, INC.

Principal Place of Business
322 HENDRICKS ISLE,
#1
FT. LAUDERDALE, FL 33301

Mailing Address
322 HENDRICKS ISLE,
#1
FT. LAUDERDALE, FL 33301

66410017

03172004 Chg-P CR2E034 (10/03)

2. Principal Place of Business: 322 Hendricks Isle
Suite, Apt. #, etc.: Fla
City & State:
Zip:
Country: USA

3. Mailing Address: #1 Ft. Laud
Suite, Apt. #, etc.: 33301
City & State:
Zip:
Country: Broward

4. FEI Number: 58 2673632 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
JAFFEE, CHARLES
1701 W. HILLSBORO BLVD.
SUITE 303
DEERFIELD BEACH, FL 33442

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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,D	☐ Delete
NAME	ALTOONIAN, DAVID	
STREET ADDRESS	322 HENDRICKS ISLE, #1	
CITY-ST-ZIP	FT. LAUDERDALE,, FL 33301	
TITLE	V.P.D.	☐ Delete
NAME	CHARLES L. JAFFEE	
STREET ADDRESS	1701 W. HILLSBORO BLVD., #303	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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TITLE		☐ Change ☐ 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: [signature] 3/17/04 954-761-2345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #