2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

5/10/2004-90449-024-$150.00-$150.00

FILED
04 JUN 23 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MOORE CR2E034 (11/03) 04

DOCUMENT # P03000087925

1. Entity Name
SPOTTED OWL ENTERPRISES, INC.

Principal Place of Business	Mailing Address
3257 NW 35 ST LAUDERDALE LAKES FL 33309-5536	3257 NW 35 ST LAUDERDALE LAKES FL 33309-5536

2. Principal Place of Business	3. Mailing Address
1671 NW 45 ST	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OAKLAND PARK FL	City & State
Zip: 33309 Country: BROWARD	Zip Country

4. FEI Number ☑ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BRUNO, PAMELA A
3257 NW 35 ST
LAUDERDALE LAKES FL 33309-5536

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 Pamela Bruno DATE 5-8-04

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
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BRUNO, PAMELA A	NAME	
STREET ADDRESS	~~3257 NW 35 ST~~	STREET ADDRESS	1671 NW 45 ST
CITY-ST-ZIP	~~LAUDERDALE LAKES FL 33309-5536~~	CITY-ST-ZIP	OAKLAND PARK FL 33309
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Pamela Bruno PAMELA BRUNO 5-8-04 954-873-6267

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #