2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000131247

Entity Name: NINE-FIVE ENTERPRISES, INC.

FILED Feb 24, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

420 S.W. 83RD WAY 10860 PINES BLVD

102 PEMBROKE PINES, FL 33026

PEMBROKE PINES, FL 33025

Current Mailing Address: New Mailing Address:

420 S.W. 83RD WAY 19793 NW 13TH ST

102 PEMBROKE PINES, FL 33029

PEMBROKE PINES, FL 33025

FEI Number: 20-0382917 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KILLINGS, CEDRIC L KILLINGS, CEDRIC L 420 S.W. 83RD WAY 19793 NW 13TH ST

02 PEMBROKE PINES, FL 33029 US

PEMBROKE PINES, FL 33025 US

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.

SIGNATURE: CEDRIC KILLINGS 02/24/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P () Delete
 Title:
 P (X) Change () Addition

 Name:
 KILLINGS, CEDRIC L
 Name:
 KILLINGS, CEDRIC L

 Address:
 420 S.W. 83RD WAY
 Address:
 19793 NW 13TH STREET

City-St-Zip: PEMBROKE PINES, FL 33025 City-St-Zip: PEMBROKE PINES, FL 33029

Title: () Delete Title: S () Change (X) Addition
Name: KILLINGS, SHAVONDRA

 Name:
 Name:
 KILLINGS, SHAVONDRA

 Address:
 Address:
 19793 NW 13TH STREET

 City-St-Zip:
 City-St-Zip:
 PEMBROKE PINES, FL 33029

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CEDRIC KILLINGS P 02/24/2004