


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P32244 1. Entity Name BRIGGS OF COCOWALK, INC.	
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Principal Place of Business OLD METAIRIE VILLAGE 701 METAIRIE ROAD METAIRIE, LA 70005	Mailing Address OLD METAIRIE VILLAGE 701 METAIRIE ROAD METAIRIE, LA 70005
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DO NOT WRITE IN THIS SPACE



04152004 No Chg: P CR2E034 (10/03)

4. FEI Number 72-1166365	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCD BRIGGS, DAVID A., JR. 701 METAIRIE ROAD METAIRIE, LA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DRAGO, DANNY 701 METAIRIE ROAD METAIRIE, LA
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04/27/04-80052-001 150.00

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IN THIS SPACE**

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 807, 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: <u>David A. Briggs Jr</u>	<u>David A. Briggs Jr</u> 4/23/04	(504) 831-9415
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>