


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90025 040 ***150.00

DOCUMENT # P93000060897	
1. Entity Name BOBBY V. GOODS, INC.	

Principal Place of Business 2651 N FEDERAL HWY FT LAUDERDALE, FL 33306 US	Mailing Address 2651 N FEDERAL HWY FT LAUDERDALE, FL 33306 US
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2. Principal Place of Business Bobby V. Goods, Inc.	3. Mailing Address Bobby V. Goods, Inc.
Suite, Apt. #, etc. 2155 N. Dixie Highway	Suite, Apt. #, etc. 2155 N. Dixie Highway
City & State Wilton Manors, FL	City & State Wilton Manors, FL
Zip 33305	Country Broward



04022004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0433071	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent VANZAN, ROBERT 5201 SW 9TH ST. PLANTATION, FL 33317-4712	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
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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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANZAN, ROBERT 324 SE 2ND AVENUE DANIA, FL 33004	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE: Robert VANZAN	Date: 4-5-04	Daytime Phone #: 954 8041514
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