## 2004 FOR PROFIT CORPORATION = ANNUAL REPORT

FILED Feb 02, 2004 08:00 AM Secretary of State

ANNUAL REPORT				
DOCUMENT # P93000087133				
1. Entity Name	(A)			

TOBÝ'S BILLARDS INC.

Principal Place of Business

2004 HOLLYWOOD BLVD HOLLYWOOD, FL 33020 Mailing Address

2004 HOLLYWOOD BLVD HOLLYWOOD, FL 33020



## DO NOT WRITE IN THIS SPACE

01262004	No Chg-P	Ch2E034 (10/03)		
4. FEI Number			_	Applied For
65-04670	025			Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEINBERG, HARVEY 900 NE 195 ST MIAMI, FL 33179

the obligations of registered agent.

## DO NOT WRITE IN THIS SPACE

SIGNATURE.	the state of the state of		<del></del>	
	Signature, typed or printed name of registered agent and little	if applicable. (NOTE: Registered Agent signature	e required when reinstating)	DATE
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	U00000024269 02/02/04-80059-002 150,00
10.	OFFICERS AND DIRE	CTORS		1 (1.44) 
TITLE NAME STREET ADDRESS GITY-ST-ZIP	DV GOODWIN, BETH 1516 RODMAN ST HOLLYWOOD, FL 33020			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WEINBERG, HARVEY 900 NE 195 ST MIAMI, FL 33179			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN T	'HIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS		to a positiva serio di A	est.	

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 cath; that I am an officer or director of the corporation of 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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