

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 31, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000090975**

1. Entity Name

138 LOOP, INC.



Principal Place of Business  
138 INDUSTRIAL LOOP  
ORANGE PARK FL 32073

Mailing Address  
1600 63RD ST  
BROOKLYN NY 11204  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3304129

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRACH, ZIGMOND  
3411 INDIAN CREEK  
MIAMI BCH. FL 33140

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**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  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
Delete ☐  
BRACH, ZIGMOND  
3411 INDIAN CREEK  
MIAMI BCH. FL 33140

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
Change ☐ Addition ☐  
000000023706  
02/02/04-80037-006 150.00

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
Delete ☐

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
Change ☐ Addition ☐

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
Delete ☐

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
Change ☐ Addition ☐

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
Delete ☐

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
Change ☐ Addition ☐

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
Delete ☐

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
Change ☐ Addition ☐

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
Delete ☐

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
Change ☐ Addition ☐

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Zigmond Brach*

1/21/04

718 236 8000