

2004 FORT PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P95000041780

1. Entity Name
1929 CORP.



FILED
Jan 24, 2004 08:00 AM
Secretary of State

Principal Place of Business
% JEFFREY M. PERLOW
10155 COLLINS AVE STE 307
BAL HARBOUR, FL 33154

Mailing Address
% JEFFREY M. PERLOW
10155 COLLINS AVE STE 307
BAL HARBOUR, FL 33154



01122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0589055 Applied For
Not Applicable
5. Certificate of Status Destroyed \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PERLOW, JEFFREY M
10801 BISCAYNE BLVD
STE 505
AVENTURA, FL 33180

DO NOT WRITE IN THIS SPACE

6. 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 _____ (NOTE: Registered Agent signature required when re-issuing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PD	JUSKO, LAWRENCE	10155 COLLINS AVE STE 307	BAL HARBOR, FL 33154
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

00000012826
01225/04-80027-004 150.00

DO NOT WRITE 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 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: L. Jusko
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/04 305 8612409
Date Daytime Phone