


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2004 8:00 am
Secretary of State

07-14-2004 90003 020 ***150.00

DOCUMENT # P96000009558 1. Entity Name KOOLIK FAMILY HOLDINGS, INC.	
---	---

Principal Place of Business 4000 ISLAND BOULEVARD NORTH MIAMI BEACH, FL 33160	Mailing Address 4000 ISLAND BOULEVARD NORTH MIAMI BEACH, FL 33160
---	---

DO NOT WRITE IN THIS SPACE



07072004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0643759	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KOOLIK, GARY R
4000 ISLAND BOULEVARD
NORTH MIAMI BEACH, FL 33160

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
---	---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOOLIK, MARSHA 4000 ISLAND BOULEVARD NORTH MIAMI BEACH, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOOLIK, GARY R 4000 ISLAND BOULEVARD NORTH MIAMI BEACH, FL 33160
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	

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: Marsha Koolik 7/12/04 3059355874

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #