

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000015106

1. Entity Name
STEVE SOKOL, INC.



Principal Place of Business
1160 NW 95 AVENUE
PLANTATION, FL 33322 US

Mailing Address

1160 NW 95 AVENUE
PLANTATION, FL 33322 US

Principal Place of Business
6761 W Sunrise Blvd
Suite, Apt. #, etc.
Ste. 14
City & State
Plantation, FL
Zip
33313
Country
USA

3. Mailing Address
Suite, Apt. #, etc.
Ste. 14
City & State
Plantation, FL
Zip
33313
Country
USA



07062004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0659814
Applied For
Not Applicable

5. Certificate of Status Desired
 \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

7. Name and Address of New Registered Agent

SOKOL, STEPHEN
1160 NW 95 AVNEUE
PLANTATION, FL 33322

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 registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution.

\$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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOKOL, STEVE 1160 NW 95 AVENUE PLANTATION, FL 33322	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/04 954-916-9964
Date Daytime Phone #