## FILE. May 05, 2004 0s. Secretary of Sta.

2004 FOR PROFIT CORPORATIO	)N 	Ma

1. Entity Nam	MENT # P9600006099 ENTERPRISES, INC.	4				v	
24095 US H	WY 19	arling Address 12 FERNBROOKE DRIVE SAFETY HARBOR, FL 34695	US	]   	i kang ann can dan es		##### <b>#####</b> ##########################
C	O NOT WRITE II		in the second	04262004 4. FEI Numb 59-339		CR2E034 (10	(Will graffing to the t
6. Name and Address of Current Registered Agent  JANEZIC, JOSEPH A  4815 E. BUSH BLVD.  #113  TAMPA, FL 33617		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  Signature, typed or printed name or registered agent and take if applicable. (NOTE: Registered Agent signature required when renstating).  DATE							
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution	. — ++	.00 May Be led to Fees			
TOTLE NAME STREET ADDRESS C TY-ST-ZIP	OFFICERS AND DIRECT P GREENBAUM, LARRY 12 FERNBROOKE DRIVE SAFETY HARBOR, FL 34695	CTORS			U00000 05/05/04~8	56061   30063-004	150.00
TITLE NAME STREET ADDRESS CITY-ST-Z-P TITLE							
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NAME STREET ADDRESS CITY-ST-ZIP							

12. Thereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

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