

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90393 019 ***150.00

DOCUMENT # P96000078707 1. Entity Name KAPPY'S WEST, INC.																											
Principal Place of Business 16660 PINI BLVD. PEMBROKE PINES, FL 33082 US		Mailing Address 5551 COURTYARD DRIVE MARGATE, FL 33063																									
2. Principal Place of Business <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Suite, Apt. #, etc. City & State Zip Country </div> <div style="width: 45%; text-align: center;"> KAPPY'S WEST VENDING, INC. 3100 NW. 42nd AVE. D 106 COCONUT CREEK, FL. 33066 </div> </div>																											
4. FEI Number 65-0698709		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent KAPLAN, DAVID 5551 COURTYARD DRIVE MARGATE, FL 33063		7. Name and Address of New Registered Agent Name <u>David Kaplan</u> Street Address (P.O. Box Number is Not Acceptable) <u>3100 NW 42nd Ave</u> <u>D 106</u> City <u>Coconut Creek</u> FL Zip Code <u>33066</u>																									
I, 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 <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>4/15/04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>																									
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">P</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>KAPLAN, DAVID</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5551 COURTYARD DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MARGATE, FL</td> <td></td> </tr> </table>		TITLE	P	<input type="checkbox"/> Delete	NAME	KAPLAN, DAVID		STREET ADDRESS	5551 COURTYARD DR		CITY-ST-ZIP	MARGATE, FL		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>3100 NW 42nd Ave</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>D 106</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Coconut Creek FL 33066</td> <td></td> </tr> </table>		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	3100 NW 42nd Ave		STREET ADDRESS	D 106		CITY-ST-ZIP	Coconut Creek FL 33066	
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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 empowered.																											
SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/15/04</u> Daytime Phone # <u>954 292 8711</u>																									