## 2004 FOR PROFIT CORPORATION

DO NOT WRITE IN THIS SPACE

## ANNUAL REPORT

DOCUMENT # P96000079938 WHO'S YA DADDY! INC.



Principal Place of Business

712 U.S. HIGHWAY ONE

SUITE 400

NORTH PALM BEACH, FL 33408

Mailing Address

712 U.S. HIGHWAY ONE

SUITE 400

NORTH PALM BEACH, FL 33408

**FILED** Apr 26, 2004 08:00 AM Secretary of State



03242004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0697121

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COHEN, GREG 712 U.S. HIGHWAY ONE SUITE 400 NORTH PALM BEACH, FL 33408

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8. The above	named entity submits this statement for the ni	urgose of changing its registers	ed office or r	egistered agent or hot	h, in the State of Florida I am familiar with, and accept
	ons of registered agent.			- J	
SIGNATURE.	Signature, typed or printed name of registered agent and \$Lu-6	applicable (NOTE Registere	d Agent signature	required when reinstaling)	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	000000130046 04/26/04-80101-023 1300.00
10.	OFFICERS AND DIREC	TORS		<u>.</u>	
TOLE	D				
NAME	COHEN, BRYAN				
STREET ADDRESS	712 US HIGHWAY ONE, SUITE 400				
CITY ST ZIP	NORTH PALM BEACH, FL 33408		1		
TITLE	D		1		
NAME	COHEN. GREGORY				
STREET ADDRESS	712 US HIGHWAY ONE, SUITE 400				
CITY - ST - ZIP	NORTH PALM BEACH, FL 33408				

TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP

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 path; 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 in
	changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIG