2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P9700009183

Entity Name
 F ENTERPRISES, INC.

Principal Place of Business Mailing

2790 N FEDERAL HWY

STE 400 BOCA RATON, FL 33431 Mailing Address

2790 N FEDERAL HWY

STE 400

BOCA RATON, FL 33431

FILED Feb 02, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01142004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0731730 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AHRON, BARRY 2790 N FEDERAL HWY STE 400 BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE

				24	ITHO OF ACE
8. The above the obligat	named entity submits this statement for the plions of registered agent.	purpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	il applicable. (NOTE: Registered	Agent signature	e required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	olng	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD AHRON, BARRY 2790 N FEDERAL HWY STE 400 BOCA RATON, FL 33431 VPD STEIN, KENNETH 2790 N FEDERAL HWY STE 400 BOCA RATON, FL 33431		÷	:	U00000030353 02/04/04-80129-020 150.00
STREET ADDRESS CITY-ST-ZIP TITLE NAME					NOT WRITE THIS SPACE
STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE					

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 reference or flustee empowered to execute this report as required by Chapter 507, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with a patience, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(125/04

Daylime Phone #