

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90997 016 ***150.00

14010550



04192004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0780590 Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RUTSKY, JACK
9100 NW 12TH ST
PLANTATION, FL 33322

**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 _____ (NOTE: Registered Agent signature required when reinstating) 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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RUTSKY, JACK
STREET ADDRESS	9100 NW 12TH ST
CITY-ST-ZIP	PLANTATION, FL 33322
TITLE	D
NAME	RUTSKY, JULIUS
STREET ADDRESS	2560 NW 103 ST
CITY-ST-ZIP	SUNRISE, FL 33322
TITLE	V
NAME	RUTSKY, MAUREEN
STREET ADDRESS	9100 NW 12TH ST
CITY-ST-ZIP	PLANTATION, FL 33322
TITLE	D
NAME	RUTSKY, ROSLYN
STREET ADDRESS	2560 NW 103 ST
CITY-ST-ZIP	SUNRISE, FL 33322
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Maureen Rutsky
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #