2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000093643

1. Entity Name SPARKY ENTERPRISES, INC.

FILED May 03, 2004 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

7481 W OAKLAND PARK BLVD STE 101 LAUDERHILL, FL 33319 7481 W OAKLAND PARK BLVD STE 101

LAUDERHILL, FL 33319



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04272004	No Chg-P	CR2E034 (10/03)

4. FEI Number 65-0786409 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMYTH, REGINA E 7481 W OAKLAND PARK BLVD STE 101 LAUDERHILL, FL 33319

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 of registered agent and bite if applicable (NOTE Registered Agent signature required when reinstating).							
FILE NOW!!! FEE (\$ \$150.00 9. Election Campa		Election Campaign Finan Trust Fund Contribution.		\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CITY-\$1-21P	D SMYTH, REGINA E 16240 LAUREL DR, #101 FORT LAUDERDALE, FL 33326	ĺ			070000148890 34033,64-80 074-025 1 50.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
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TITLE NAME STREET ADDRESS							

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1). 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:

CiTY-SI-ZIP

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DI

4.26.04

954 . 747 . 9100 Dayteria Phone #

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