

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000011887

Entity Name: 939 ENTERPRISES INC.

FILED
May 06, 2004
Secretary of State

Current Principal Place of Business:

939 N FEDERAL HWY
HOLLYWOOD, FL 33020 US

New Principal Place of Business:

Current Mailing Address:

939 N FEDERAL HWY
HOLLYWOOD, FL 33020 US

New Mailing Address:

FEI Number: 65-0811708 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALAN, ALBERTO
939 N. FEDERAL HWY.
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GALAN, ALBERTO
Address: 939 N. FEDERAL HWY.
City-St-Zip: HOLLYWOOD, FL 33020

Title: VD () Delete
Name: MOTTO, JUAN C
Address: 939 N. FEDERAL HWY.
City-St-Zip: HOLLYWOOD, FL 33020

Title: TD () Delete
Name: GALAN, LETICIA
Address: 939 N. FEDERAL HWY.
City-St-Zip: HOLLYWOOD, FL 33020

Title: SD () Delete
Name: MOTTO, NELIDA
Address: 939 N. FEDERAL HWY.
City-St-Zip: HOLLYWOOD, FL 33020

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBERTO GALAN

_____ Electronic Signature of Signing Officer or Director

P/D

05/06/2004

_____ Date