## 2004 FOR PROFIT CORPORATION

## Feb 02, 2004 08:00 AM **ANNUAL REPORT Secretary of State DOCUMENT # P98000039216** 1. Entity Name VICTOR'S BLACKSMITH, INC. Principal Place of Business Mailing Address 6513 SW PLUNKETT ST. 6513 SW PLUNKETT ST. HOLLYWOOD, FL 33023 HOLLYWOOD, FL 33023 01282004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0838288 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent ROJAS, VICTOR 6513 SW PLUNKETT ST. DO NOT WRITE HOLLYWOOD, FL 33023 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, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) UUUUUUU24365 **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing 02/02/04-80064-018 150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS PSD HILE ROJAS, VICTOR NAME 6513 SW PLUNKETT ST. STREET ADDRESS HOLLYWOOD, FL 33023 CITY-ST-ZIP TILLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(f), 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

**FILED**