


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90048 028 ***150.00

1. Entity Name KERO ENTERPRISES, INC.		
P98000039569		

Principal Place of Business 11614 NW 24TH CT CORAL SPRING, FL 33065	Mailing Address 8061 W MC NAB ROAD TAMARAC, FL 33321
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94058973



2. Principal Place of Business 2704 NW 104 AVE	3. Mailing Address 8333 W. MC NAB ROAD
Suite, Apt. #, etc. # 208	Suite, Apt. #, etc. # 127

04132004

City & State SUNRISE FLORIDA	City & State TAMARAC FLORIDA	4. FEI Number 65-0846039	Applied For <input type="checkbox"/> Not Applicable
Zip 33322-1955	Country U.S.A	Zip 33321	Country USA
5. Certificate of Status Desired <input type="checkbox"/> \$8.75			

6. Name and Address of Current Registered Agent O'NEILL POLLY 11614 NW 24TH COURT CORAL SPRINGS, FL 33065		7. Name and Address of New Registered Agent Name POLLY O'NEILL Street Address (P.O. Box Number is Not Acceptable) 2704 NW 104 AVE # 208 City SUNRISE FL 33322-1955	
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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 re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP O'NEIL, BASIL 11610&11621 N.W. 24TH COURT CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP O'NEILL BASIL 2704 NW 104 AVE # 208 SUNRISE FL 33322-1955 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP O'NEILL, POLLY 11610&11621 N.W. 24TH COURT CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP O'NEILL POLLY 2704 NW 104 AVE # 208 SUNRISE FL 33322-1955 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Polly O'Neill 4/13/04 (954) 727-9094
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #