

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 17, 2004 8:00 am
Secretary of State

05-17-2004 90009 022 ***150.00

DOCUMENT # P98000044171

1. Entity Name

EVENTS PUBLICATIONS, INC.



Principal Place of Business

1481 SW GASTADOR AVE
PORT SAINT LUCIE FL 34953-1777

Mailing Address

1481 SW GASTADOR AVE
PORT SAINT LUCIE FL 34953-1777

2. Principal Place of Business

1114 SE MAYFAIR LANE
Suite, Apt. #, etc.

3. Mailing Address

1114 S.E. MAYFAIR LANE
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

PORT ST. LUCIE, FL

City & State

PORT ST. LUCIE, FL

4. FEI Number

52-2105563

Applied For

Not Applicable

Zip

34952

Country

ST. LUCIE

Zip

34952

Country

ST. LUCIE

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MELVILLE, COHEN
1481 SW GASTADOR AVE
PORT SAINT LUCIE FL 34953-1777

7. Name and Address of New Registered Agent

Name MELVILLE COHEN

Street Address (P.O. Box Number is Not Acceptable)
1114 SE MAYFAIR LANE

City PORT ST. LUCIE, FL

Zip Code 34952

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

Melville Cohen

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PVST
NAME MELVILLE, COHEN S
STREET ADDRESS 1481 SW GASTADOR AVE
CITY-ST-ZIP PORT SAINT LUCIE FL 34953

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRES/V/T/S
NAME MELVILLE S. COHEN
STREET ADDRESS 1114 SE MAYFAIR LANE
CITY-ST-ZIP PORT ST. LUCIE, FL 34952

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

Melville Cohen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MELVILLE S. COHEN 4/24/04

Date

Daytime Phone #

772-380-0425