FILED 2004 FOR PROFIT CORPORATION ANNUAL REPORT Apr 30, 2004 08:00 AM Secretary of State **DOCUMENT # P98000059712** PUSH ENTERPRISES, INC. Mailing Address Principal Place of Business 7553 ADVENTURE AVE. 7553 ADVENTURE AVE. NORTH BAY VILLAGE, FL 33141 NORTH BAY VILLAGE, FL 33141 01192004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0860134 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FORMAN, SAMUEL S DO NOT WRITE 7553 ADVENTURE AVE. NORTH BAY VILLAGE, FL 33141 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 title if applicable (NOTE Registered Agent signature required when reinstating) U00000142457 04/30/04-80053-003 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FRE 15 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME FORMAN, SAMUEL S 7553 ADVENTURE AVE. STREET ADDRESS CITY-ST-ZIP NORTH BAY VILLAGE, FL 33141 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY - ST- ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does no 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 they income appears in Block 10 or Block 11 if changed.

SIGNATURE: _____

NAME STREET AUDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-691-7777