


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2004 08:00 AM -
Secretary of State

DOCUMENT # P98000080051 1. Entity Name WINNERS BUSINESS INC.			
Principal Place of Business 8825 S.W. 43RD TERRACE MIAMI, FL 33165		Mailing Address 8825 S.W. 43RD TERRACE MIAMI, FL 33165	
<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div> <p>DO NOT WRITE IN THIS SPACE</p>			
6. Name and Address of Current Registered Agent ROSS, CHARLES E 8825 S.W. 43RD TERRACE MIAMI, FL 33165		<p>DO NOT WRITE IN THIS SPACE</p>	
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 remailing) _____ 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 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	PD	<p>DO NOT WRITE IN THIS SPACE</p>	
NAME	ROSS, CHARLES E		
STREET ADDRESS	8825 S.W. 43 TR.		
CITY - ST - ZIP	MIAMI, FL 33165		
TITLE			
NAME			
STREET ADDRESS		<p>DO NOT WRITE IN THIS SPACE</p>	
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<p>DO NOT WRITE IN THIS SPACE</p>	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS		<p>DO NOT WRITE IN THIS SPACE</p>	
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
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: <i>Charles E. Ross</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <i>Jan. 05 2004</i> Daytime Phone #: <i>305-223-2500</i>	