2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000086556

1. Entity Name

STE 211

Principal Place of Business

1287 E NEWPORT CENTER DRIVE

DEERFIELD BEACH, FL 33442

ANTHONY DAVID ENTERPRISES, INC.



Mailing Address

22344 Tuna Place Boca Raton, Fl 33428

22433



04-19-2004 90281 041 ***150.00



DO NOT WRITE IN THIS SPACE

| 02252004 | No Chg-P | CR2E034 (10/03)

65-0868812 | Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Applied For

6. Name and Address of Current Registered Agent

≈HERNANDEZ;:LIZZETTE-22433 TUNA PLACE BOCA RATON, FL 33428

DO NOT WRITE 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			ered Agent signature required when reinstating) DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Find Trust Fund Contribution				
10.	OFFICERS AND DIREC	CTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HERNANDEZ, LIZZETTE 22433 TUNA PLACE BOCA RATON, FL 33428			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		. , , , , , , , , , , , , , , , , , , ,	DO	O NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		IN	THIS SPACE
TITLE NAME STREET ADDRESS 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.				

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

SIGNATURE AND TYPEDIOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #