

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000089611

FILED  
Apr 14, 2004  
Secretary of State

Entity Name: GINGER-LY ENTERPRISES, INC.

**Current Principal Place of Business:**

807 SW 119 WAY  
FORT LAUDERDALE, FL 33325

**New Principal Place of Business:**

6918 WEST SAMPLE ROAD  
CORAL SPRINGS, FL 33067

**Current Mailing Address:**

807 SW 119 WAY  
FORT LAUDERDALE, FL 33325

**New Mailing Address:**

FEI Number: 65-0869868      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MESSEROFF, ALEC M  
C/O AMM CONSULTING, INC.  
807 SW 119TH WY  
DAVIE, FL 33325 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: SALEM, STEVE  
Address: 11542 LAKEVIEW DR  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: PD ( ) Delete  
Name: SALEM, DAWN  
Address: 11542 LAKEVIEW DR  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: TSD ( ) Delete  
Name: MESSEROFF, ALEC  
Address: 807 SW 119 WAY  
City-St-Zip: DAVIE, FL 33325

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEC MESSEROFF

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04/14/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date