

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90040 001 \*\*\*150.00

|                                                                                                                                                                                                                               |                                                                |                                                  |                                                                                                                                                                       |                                                                                                 |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|--------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P99000025960</b><br>1. Entity Name<br><b>CRAFTSMAN MALL, INC.</b>                                                                                                                                               |                                                                |                                                  |                                                                                                                                                                       |                |  |
| Principal Place of Business<br><del>141 NE 3RD AVE</del><br><del>7TH FL</del><br><del>MIAMI FL 33132</del>                                                                                                                    |                                                                |                                                  | Mailing Address<br><del>141 NE 3RD AVE</del><br><del>7TH FL</del><br><del>MIAMI FL 33132</del>                                                                        |                                                                                                 |  |
| 2. Principal Place of Business<br><b>2310 Hollywood Blvd</b>                                                                                                                                                                  |                                                                | 3. Mailing Address<br><b>2310 Hollywood Blvd</b> |                                                                                                                                                                       |                                                                                                 |  |
| Suite, Apt. #, etc.<br>                                                                                                                                                                                                       |                                                                | Suite, Apt. #, etc.<br>                          |                                                                                                                                                                       |                                                                                                 |  |
| City & State<br><b>Hollywood, FL</b>                                                                                                                                                                                          |                                                                | City & State<br><b>Hollywood, FL</b>             |                                                                                                                                                                       | 4. FEI Number<br><b>65-0968027</b>                                                              |  |
| Zip<br><b>33020</b>                                                                                                                                                                                                           |                                                                | Country<br><b>USA</b>                            |                                                                                                                                                                       | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><br><b>NEAL, SKLAR</b><br><b>ONE S.E. 3RD AVE. SUITE 3050</b><br><del>100 SE 2ND ST., STE 3500 NATIONSBANK TOWER</del><br><b>MIAMI FL 33131-2130</b>                       |                                                                |                                                  | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>_____<br>City _____ <b>FL</b> Zip Code _____ |                                                                                                 |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                             |                                                                |                                                  |                                                                                                                                                                       |                                                                                                 |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                               |                                                                |                                                  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                   |                                                                                                 |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                             |                                                                |                                                  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                                                          |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | D<br>SKLAR, ARI<br>141 NE 3RD, 7TH FL<br>MIAMI FL 33132        | <input type="checkbox"/> Delete                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                        | <b>2310 Hollywood Blvd</b><br><b>Hollywood, FL 33020</b>                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | D<br>SKLAR, NEAL<br>141 NE 3RD AVE, 7TH FL<br>MIAMI FL 33132   | <input type="checkbox"/> Delete                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                        | <b>2310 Hollywood Blvd</b><br><b>Hollywood, FL 33020</b>                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | D<br>ROSNER, MYRON<br>141 NE 3RD AVE, 7TH FL<br>MIAMI FL 33132 | <input type="checkbox"/> Delete                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                        | <b>2310 Hollywood Blvd.</b><br><b>Hollywood, FL 33020</b>                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                |                                                                | <input type="checkbox"/> Delete                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                |                                                                | <input type="checkbox"/> Delete                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                |                                                                | <input type="checkbox"/> Delete                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/20/04** **954-925-9292 ext 102**  
 Date Daytime Phone #