

**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jan 27, 2004 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                               |                                     |                                                                           |                                                                                                              |                                                                                                              |    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----|
| DOCUMENT # P99000042121<br>1. Entity Name<br>JACQUIE'S PLACE ENTERPRISES, INC.                                                                                                                                                |                                     |                                                                           |                                                                                                              |                             |    |
| Principal Place of Business<br>6320 BOCA DEL MAR DRIVE<br>#506<br>BOCA RATON FL 33433                                                                                                                                         |                                     | Mailing Address<br>6320 BOCA DEL MAR DRIVE<br>#506<br>BOCA RATON FL 33433 |                                                                                                              |                                                                                                              |    |
| 2. Principal Place of Business                                                                                                                                                                                                |                                     | 3. Mailing Address                                                        |                                                                                                              | <br>MOORE CR2E034 (11/03) |    |
| Suite, Apt. #, etc.                                                                                                                                                                                                           |                                     | Suite, Apt. #, etc.                                                       |                                                                                                              |                                                                                                              |    |
| City & State                                                                                                                                                                                                                  |                                     | City & State                                                              |                                                                                                              |                                                                                                              |    |
| Zip                                                                                                                                                                                                                           | Country                             | Zip                                                                       | Country                                                                                                      |                                                                                                              |    |
| 4. FEI Number<br>65-0958087                                                                                                                                                                                                   |                                     |                                                                           |                                                                                                              | Applied For<br>Not Applicable                                                                                |    |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                     |                                     |                                                                           |                                                                                                              | <input type="checkbox"/> \$8.75 Additional Fee Required                                                      |    |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                               |                                     |                                                                           | 7. Name and Address of New Registered Agent                                                                  |                                                                                                              |    |
| GLICKMAN, HAROLD M<br>23123 STATE ROAD 7, STE. 300F<br>BOCA RATON FL 33428                                                                                                                                                    |                                     |                                                                           | Name                                                                                                         |                                                                                                              |    |
|                                                                                                                                                                                                                               |                                     |                                                                           | Street Address (P.O. Box Number is Not Acceptable)                                                           |                                                                                                              |    |
|                                                                                                                                                                                                                               |                                     |                                                                           | City                                                                                                         |                                                                                                              | FL |
| B. 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                                                                                                                                  |                                     |                                                                           | DATE 01-22-04                                                                                                |                                                                                                              |    |
| Signature, typed or printed name of registered agent and title if applicable<br>(NOTE: Registered Agent signature required when reinstating)                                                                                  |                                     |                                                                           |                                                                                                              |                                                                                                              |    |
| <b>FILE NOW!!! FEE IS \$150.00</b><br>After May 1, 2004 Fee will be \$550.00<br>Make Check Payable to Florida Department of State                                                                                             |                                     |                                                                           | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |                                                                                                              |    |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                    |                                     |                                                                           | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                        |                                                                                                              |    |
| TITLE                                                                                                                                                                                                                         | DPT <input type="checkbox"/> Delete | TITLE                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                            | U00000014030<br>01/27/04-80006-018 150.00                                                                    |    |
| NAME                                                                                                                                                                                                                          | GLICKMAN, HAROLD M                  | NAME                                                                      |                                                                                                              |                                                                                                              |    |
| STREET ADDRESS                                                                                                                                                                                                                | 6320 BOCA DEL MAR DR., #506         | STREET ADDRESS                                                            |                                                                                                              |                                                                                                              |    |
| CITY-ST-ZIP                                                                                                                                                                                                                   | BOCA RATON FL 33433                 | CITY-ST-ZIP                                                               |                                                                                                              |                                                                                                              |    |
| TITLE                                                                                                                                                                                                                         | DVS <input type="checkbox"/> Delete | TITLE                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                            |                                                                                                              |    |
| NAME                                                                                                                                                                                                                          | GLICKMAN, JACQUELINE                | NAME                                                                      |                                                                                                              |                                                                                                              |    |
| STREET ADDRESS                                                                                                                                                                                                                | 6320 BOCA DEL MAR DR., #506         | STREET ADDRESS                                                            |                                                                                                              |                                                                                                              |    |
| CITY-ST-ZIP                                                                                                                                                                                                                   | BOCA RATON FL 33433                 | CITY-ST-ZIP                                                               |                                                                                                              |                                                                                                              |    |
| TITLE                                                                                                                                                                                                                         | <input type="checkbox"/> Delete     | TITLE                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                            |                                                                                                              |    |
| NAME                                                                                                                                                                                                                          |                                     | NAME                                                                      |                                                                                                              |                                                                                                              |    |
| STREET ADDRESS                                                                                                                                                                                                                |                                     | STREET ADDRESS                                                            |                                                                                                              |                                                                                                              |    |
| CITY-ST-ZIP                                                                                                                                                                                                                   |                                     | CITY-ST-ZIP                                                               |                                                                                                              |                                                                                                              |    |
| TITLE                                                                                                                                                                                                                         | <input type="checkbox"/> Delete     | TITLE                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                            |                                                                                                              |    |
| NAME                                                                                                                                                                                                                          |                                     | NAME                                                                      |                                                                                                              |                                                                                                              |    |
| STREET ADDRESS                                                                                                                                                                                                                |                                     | STREET ADDRESS                                                            |                                                                                                              |                                                                                                              |    |
| CITY-ST-ZIP                                                                                                                                                                                                                   |                                     | CITY-ST-ZIP                                                               |                                                                                                              |                                                                                                              |    |
| TITLE                                                                                                                                                                                                                         | <input type="checkbox"/> Delete     | TITLE                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                            |                                                                                                              |    |
| NAME                                                                                                                                                                                                                          |                                     | NAME                                                                      |                                                                                                              |                                                                                                              |    |
| STREET ADDRESS                                                                                                                                                                                                                |                                     | STREET ADDRESS                                                            |                                                                                                              |                                                                                                              |    |
| CITY-ST-ZIP                                                                                                                                                                                                                   |                                     | CITY-ST-ZIP                                                               |                                                                                                              |                                                                                                              |    |
| TITLE                                                                                                                                                                                                                         | <input type="checkbox"/> Delete     | TITLE                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                            |                                                                                                              |    |
| NAME                                                                                                                                                                                                                          |                                     | NAME                                                                      |                                                                                                              |                                                                                                              |    |
| STREET ADDRESS                                                                                                                                                                                                                |                                     | STREET ADDRESS                                                            |                                                                                                              |                                                                                                              |    |
| CITY-ST-ZIP                                                                                                                                                                                                                   |                                     | 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:  1-22-04 561-369-347  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #