## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 03, 2004 8:00 am Secretary of State

DOCUMENT # P9900043523  1. Entity Name BRESLOW ENTERPISES, INC.					05-03-2004 90411 046 ***150.00			
Principal Place of Business 2771 OCEAN CLUB BLVD. SUITE 306 HOLLYWOOD, FL 33019		Mailing Address 2771 OCEAN CLUB BLVD. SUITE 306 HOLLYWOOD, FL 33019			94080005			
		3. Mailing Address 1707 Belmont	iling Address 707 Belmont Place					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04032004	Chg-P	CR2E034 (10/03)		
City & State Boynton Beach, Florida		City & State  Boynton Beach, Florida		4. FEI Number			plied For Applicable	
Zip Country .		Zip	Country	5 Certificate of Status Desired \$8.75 Additional		ítional		
33436	6. Name and Address of Current F	33436 Registered Agent	T		Address of New R	Fee Required		
BRESLOW, MITCHELL								
2771 OCEAN CLUB BLVD., SUITE 306 HOLLYWOOD, FL 33019			Street A	Street Address (P.O. Box Number is Not Acceptable) 1707 Belmont Place				
			City	City Zip Code				
The above named entity submits this statement for the purpose of changing its regist			Boyz	City Boynton Beach FL Zip Code 33436  d office or registered agent, or both, in the State of Florida.   arm familiar with, and accept				
the obligations of registered agent  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees		· · · · · · · · · · · · · · · · · · ·	,	
10.	OFFICERS AND D		11.	ADDITIONS	CHANGES TO OFF	ICERS AND DIRECTORS		
title Name	PST BRESLOW, MITCHELL	☐ Delete	TITLE NAME	1707 5 1		X Change	Addition	
STREET ADDRESS CITY-ST-ZIP	HOLLYWOOD, FL 33019			ADDRESS Boynton Beach, FL 33436				
TITLE NAME		☐ Delete	TITLE NAME			Change	Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP		Delete	CITY-ST-ZIP			☐ Change	☐ Addition	
NAME	and the same	C Delac	NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	-				
TITLE		☐ Delete	TITLE		<del></del>	☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS				1	
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 supplied with this limit dues not quality for the exemption stated in Section 1.15.07(5)(f), Fortida Statutes. Turner certify that it is find 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 employered 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 adorties, with all other title empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mitchell Breslow x 4

561-752-2582

Daytime Phone #