


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90049 026 ***150.00

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| DOCUMENT # P99000047740 | |  |
| 1. Entity Name F & L ENTERPRISES OF SOUTH FLORIDA, INC. | | |

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| Principal Place of Business 10457 LAUREL RD. DAVIE, FL 33328 | Mailing Address 10457 LAUREL RD. DAVIE, FL 33328 |
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44002725



01152004 Chg-P CR2E034 (10/03)

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| 2. Principal Place of Business 4420 Westlow Rd Suite, Apt. #, etc. DAVIE City & State FLA - Zip 33331 | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country Broward |
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|-----------------------------|-------------------------------|
| 4. FEI Number 65-0922690 | Applied For Not Applicable |
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|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent TOBIA, FRANK 1067 SW 92ND AVE. PLANTATION, FL 33324 | |
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| 7. Name and Address of New Registered Agent Name TOBIA FRANK Street Address (P.O. Box Number is Not Acceptable) 10457 Laurel Rd City DAVIE FL Zip Code 33331 | |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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|---|---|--------------------------------|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TOBIA, FRANK 1067 SW 92ND AVE. PLANTATION, FL 33324 <i>change address</i> <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TOBIA, SEBASTIANA 1067 SW 92ND AVE. PLANTATION, FL 33324 <i>change address</i> <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TOBIA FRANK 10457 LAUREL RD DAVIE FLA - 33328 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TOBIA SEBASTIANA 10457 LAUREL RD DAVIE FLA - 33328 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS 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: *Frank Frank* *1/15/04 (84) 423-1720*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date/Time Phone #