

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90286 009 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT****DOCUMENT # P99000072668**1. Entity Name
SHATZKINS ENTERPRISES, INC.Principal Place of Business
**19497 PRESERVE DRIVE
BOCA RATON, FL 33498**Mailing Address
**19497 PRESERVE DRIVE
BOCA RATON, FL 33498**

04042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE4. FEI Number
65-0948580Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HIRSCH, JAY
19497 PRESERVE DRIVE
BOCA RATON, FL 33434****DO NOT WRITE
IN THIS SPACE**

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

Signature typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
HIRSCH, JAY
19497 PRESERVE DRIVE
BOCA RATON, FL 33498**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
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STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #