

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000081898

FILED
Apr 06, 2004
Secretary of State

Entity Name: A.W.C. ENTERPRISES, II, INC.

Current Principal Place of Business:

1152 N UNIVERSITY DRIVE, SUITE 201
PEMBROKE PINES, FL 33024

New Principal Place of Business:

1152 N UNIVERSITY DRIVE
SUITE 201
PEMBROKE PINES, FL 33024

Current Mailing Address:

1152 N UNIVERSITY DRIVE, SUITE 201
PEMBROKE PINES, FL 33024

New Mailing Address:

1152 N UNIVERSITY DRIVE
SUITE 201
PEMBROKE PINES, FL 33024

FEI Number: 65-0969553

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHN, ALAN W ESQ
1152 N UNIVERSITY DRIVE, SUITE 201
PEMBROKE PINES, FL 33024

Name and Address of New Registered Agent:

COHN, ALAN W ESQ
1152 N UNIVERSITY DRIVE
SUITE 201
PEMBROKE PINES, FL 33024

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.

SIGNATURE:

04/06/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPVS () Delete
Name: COHN, ALAN W
Address: 1152 N UNIVERSITY DRIVE, SUITE 201
City-St-Zip: PEMBROKE PINES, FL 33024

Title: T () Delete
Name: COHN, ALAN W
Address: 1152 N UNIVERSITY DRIVE, SUITE 201
City-St-Zip: PEMBROKE PINES, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAN W. COHN

DPVS

04/06/2004

Electronic Signature of Signing Officer or Director

Date