

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 01, 2004 8:00 am
Secretary of State

09-01-2004 90005 037 ***150.00

DOCUMENT # P99000105043

1. Entity Name
FEDORA ENTERPRISE, INC.



Principal Place of Business
**253 SE 5TH AVENUE
DELRAY BEACH, FL 33483**

Mailing Address
**100 WEST LEE ROAD
DELRAY BEACH, FL 33445**

CHANGED TO:

2. Principal Place of Business
1020 S.W. 14TH DRIVE
Suite, Apt. #, etc.

3. Mailing Address
1020 S.W. 14TH DRIVE
Suite, Apt. #, etc.



54071264

08272004 Chg-P CR2E034 (10/03)

City & State
BOCA RATON, FL 33486
Zip
33486 Country
USA

City & State
BOCA RATON, FL 33486
Zip
33486 Country
USA

4. FEI Number
65-0977320 Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BOEHLEN-GFELLER, FLORENCE
100 WEST LEE ROAD
DELRAY BEACH, FL 33445**

7. Name and Address of New Registered Agent

Name
SCHACK MANAGEMENT INC
Street Address (P.O. Box Number is Not Acceptable)
1020 S.W. 14TH DRIVE
City **BOCA RATON** FL Zip Code
33486

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 Andre F. Boehlen **ANDRE F. BOEHLER, DIRECTOR**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE **AUGUST 27TH 2004**

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **BOEHLEN-GFELLER, FLORENCE**
STREET ADDRESS **100 WEST LEE ROAD**
CITY-ST-ZIP **DELRAY BEACH, FL 33445**

TITLE **T** ☒ Delete
NAME **GFELLER, STEPHANE P**
STREET ADDRESS **100 WEST LEE ROAD**
CITY-ST-ZIP **DELRAY BEACH, FL 33445**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **OFFICER, DIRECTOR** ☒ Change ☐ Addition
NAME **BOEHLEN, ANDRE F**
STREET ADDRESS **1020 S.W. 14TH DRIVE**
CITY-ST-ZIP **BOCA RATON, FL 33486**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: Andre F. Boehlen **ANDRE F. BOEHLER, OFFICER** 8/27/04 (561)395-3584
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #