



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2004 8:00 am**  
**Secretary of State**

01-23-2004 90042 001 \*\*\*150.00

<b>DOCUMENT # S01749</b> 1. Entity Name <b>SCF ENTERPRISES, INC.</b>																																																												
Principal Place of Business <b>14991 NE 18 AVE NORTH MIAMI, FL 33181</b>			Mailing Address <b>14991 NE 18 AVE NORTH MIAMI, FL 33181</b>																																																									
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>4601 NORTH 36TH ST.</b>		  01052004    Chg-P    CR2E034 (10/03)																																																								
City & State <b>Hollywood, Florida</b>		City & State <b>Hollywood, Florida</b>																																																										
Zip    Country <b>33021    USA</b>		Zip    Country <b>33021    USA</b>																																																										
4. FEI Number <b>65-0277054</b>		Applied For <input type="checkbox"/> Not Applicable																																																										
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>FELDMAN, COREY S. 14991 NE 18 AVE NORTH MIAMI, FL 33181</b>																																																								
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____																																																												
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																												
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: right;">Delete</td> </tr> <tr> <td></td> <td><b>D FELDMAN, COREY</b></td> <td><b>14991 NE 18 AVE</b></td> <td><b>NORTH MIAMI, FL 33181</b></td> <td><input type="checkbox"/></td> </tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> </table>		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete		<b>D FELDMAN, COREY</b>	<b>14991 NE 18 AVE</b>	<b>NORTH MIAMI, FL 33181</b>	<input type="checkbox"/>																																													
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP			Delete																																																						
	<b>D FELDMAN, COREY</b>	<b>14991 NE 18 AVE</b>	<b>NORTH MIAMI, FL 33181</b>	<input type="checkbox"/>																																																								
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: right;">Change    Addition</td> </tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> </table>		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change    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.			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change    Addition																																																								
SIGNATURE: <i>Corey Feldman</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <b>1/7/04</b> Daytime Phone #: <b>305-525-1610</b>																																																										