| 2004 FOR PROFIT CORPORATION ANNUAL REPORT | | | FILED Mar 12, 2004 8:00 am Secretary of State | |
|--|---|---|--|--|
| | MENT # \$30973 | | 03-12-2004 90021 030 ***150.00 | |
| 1. Entity Name CHERS, INC. | | | | |
| | | | ~4U1977 1 | |
| HASSAN BRO 2300 S AND FT LAUDERD | REWS AVE | HASSAN BROTHERS, INC 2300 S ANDREWS AVE FT LAUDERDALE, FL 33316 | | |
| | | | | |
| DO NOT WRITE IN THIS SPAC | | | 03032004 No Chg-P CR2E034 (10/03) | |
| | | | 4. FEI Number Applied For 65-0240386 Not Applicable | |
| | | | 5. Certificate of Status Desired Status Desir | |
| | 6. Name and Address of Current Regis | tered Agent | | |
| HASSAN, RAMZI H 2300 S ANDREWS AVE | | | DO NOT WRITE | |
| FT LAUDERDALE, FL 33316 | | | IN THIS SPACE | |
| | | | | |
| | named entity submits this statement for the p tions of registered agent. | urpose of changing its registered office or reg | istered agent, or both, i n the State of Florida. I am familiar with, and accept | |
| SIGNATURE . | Hame, H. Hous | I applicable (NOTE: Registered Agent signature | 3/5/04 | |
| | E NOWIII FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00 | Trust Fund Contribution. | -\$5.00 May Be Added to Fees | |
| 10 TLE | OFFICERS AND DIRE | CTORS | | |
| IAME TREET ADDRESS ITY+ST-ZIP | HASSAN, RAMZI F 2300 S ANDREWS AVE FT LAUDERDALE, FL 33316 | - | е ч _е р н з | |
| ITLE IAME | VS HASSAN, HASSAN | | | |
| TREET ADDRESS ITY - ST - ZIP | 2300 S ANDREWS AVE FT LAUDERDALE, FL 33316 | | 1 | |
| TLE | - | | | |
| TREET ADDRESS | | | DO NOT WRITE | |
| 11112 | | | IN THIS SPACE | |
| NAME STREET ADDRESS | | | | |
| UTY-ST-ZIP HTLE | | | 31 | |
| iame Street adoress | | | | |
| CITY ST ZIP | · · · · · · · · · · · · · · · · · · · | | | |
| AME TREET ADDRESS | · · · · | | | |
| indicated of the co | t on this report or supplemental report is true a | and accurate and that my signature shall have d to execute this report as required by Chapte | in Section 119.07(3)(i), Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director r 607, Florida Statutes; an d that my name appears in Block 10 or Block 11 if | |
| SIGNAT | TURE: Alama, H. | Hassa | 3/5 954 467 8939 | |
| | | ED NAME OF SIGNING OFFICER OR DIRECTOR | Date Daytime Phone # | |

-2

,