2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004
Secretary of State

DOCUMENT# S40687

Entity Name: KOZAK BROS., INC.

Current Principal Place of Business:

6700 N STATE ROAD, #7
COCONUT CREEK, FL 330733022

New Principal Place of Business:

6700 N STATE ROAD, #7
COCONUT CREEK, FL 33073

Current Mailing Address:

C/O ZUCKER, 17140 ARVIDA PKWY., STE.4
WESTON, FL 33326

New Mailing Address:

6700 N STATE ROAD 7
COCONUT CREEK, FL 33073

FEI Number: 65-0274237 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KOZAK, MORT
7761 HIGHLAND CIR.
MARGATE, FL 33063 US

Name and Address of New Registered Agent:

KOZAK, MORT
6700 N STATE ROAD 7
COCONUT CREEK, FL 33073 US

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: MORT KOZAK 02/11/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PVS ( ) Delete
Name: KOZAK, MORT,
Address: 2690 W. SAMPLE ROAD
City-St-Zip: POMPANO BEACH, FL

Title: TD ( ) Delete
Name: KOZAK, BRIGITTE
Address: 7761 HIGHLAND CIRCLE
City-St-Zip: MARGATE, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVS (X) Change ( ) Addition
Name: KOZAK, MORT,
Address: 2690 W. SAMPLE ROAD
City-St-Zip: POMPANO BEACH, FL 33073

Title: TD (X) Change ( ) Addition
Name: KOZAK, BRIGITTE
Address: 2690 W. SAMPLE ROAD
City-St-Zip: POMPANO BEACH, FL 33073

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: MORT KOZAK PRES 02/11/2004
Electronic Signature of Signing Officer or Director Date