

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # S77562**

1. Entity Name  
MAKEIT, INC.



Principal Place of Business  
3501 UNIVERSITY DR.  
SUITE 209  
CORAL SPRINGS, FL 33065 US

Mailing Address  
3501 UNIVERSITY DR.  
SUITE 209  
CORAL SPRINGS, FL 33065 US

2. Principal Place of Business  
**Po Box 9696**

Suite, Apt. #, etc.

3. Mailing Address  
**Po Box 9696**

Suite, Apt. #, etc.

City & State  
**CORAL SPRINGS, FL**

Zip **33075** Country **USA**

City & State  
**CORAL SPRINGS, FL**

Zip **33075** Country **USA**

6. Name and Address of Current Registered Agent

BIRNBACH, SHELDON  
3501 UNIVERSITY DR.  
SUITE 209  
CORAL SPRINGS, FL 33065

7. Name and Address of New Registered Agent

Name **SHELDON BIRNBACH**

Street Address (P.O. Box Number is Not Acceptable)  
**7580-A LEXINGTON CLUB BLVD**

City **DELRAY BEACH** FL Zip Code **33446**

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: *Sheldon BIRNBACH* SHELDON BIRNBACH  
(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE: **4/30/04**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	BIRNBACH, SHELDON	3501 UNIVERSITY DRIVE	CORAL SPRINGS, FL	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

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: *Sheldon BIRNBACH* SHELDON BIRNBACH 4/30/04 954-934-0303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED  
May 03, 2004 8:00 am  
Secretary of State**

05-03-2004 91034 033 \*\*\*158.75



04302004 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0320706**

Applied For  
Not Applicable

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

7. Name and Address of New Registered Agent

Name **SHELDON BIRNBACH**

Street Address (P.O. Box Number is Not Acceptable)

**7580-A LEXINGTON CLUB BLVD**

City **DELRAY BEACH** FL Zip Code **33446**

DATE: **4/30/04**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
P	BIRNBACH, SHELDON	7580-A LEXINGTON CLUB BLVD	DELRAY BEACH, FL 33446	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

Date

Daytime Phone #