

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2004 08:00 AM
Secretary of State

DOCUMENT # V22378

1. Entity Name
AMERICAN CRAFT ENDEAVORS, INC.



Principal Place of Business
9695 W. BROWARD BLVD.
#1
PLANTATION, FL 33324 US

Mailing Address
9695 W. BROWARD BLVD.
#1
PLANTATION, FL 33324 US



01292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0334985

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

COHEN, HOWARD
9633 W. BROWARD BLVD.
#1
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**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**

U000000059912
02/23/04-80019-007 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME COHEN, DARRIN
STREET ADDRESS 9633 W. BROWARD BLVD., #1
CITY-ST-ZIP PLANTATION, FL

TITLE V
NAME COHEN, DARCI
STREET ADDRESS 9695 W BROWARD BLVD 1
CITY-ST-ZIP PLANTATION, FL

TITLE D
NAME COHEN, HOWARD
STREET ADDRESS 9695 W BRWD BLVD
CITY-ST-ZIP PLANTATION, FL 33324

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #