2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 02, 2004 08:00 AM DOCUMENT # V30455 **Secretary of State** 1. Entity Name DENISE FRANCO ENTERPRISES, INC. Principal Place of Business Mailing Address % DENISE FRANCO 5612 N.W. 64 TERRACE CORAL SPRINGS FL 33067 % DENISE FRANCO 5612 N.W. 64 TERRACE CORAL SPRINGS FL 33067 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apr #, etc. CR2E034 (11/03) City & State City & State 4. FE! Number Applied For 65-0327042 Not Applicable Zφ Country Country Zιρ \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FRANCO, DENISE 5612 N.W. 64 TERRACE Street Address (P.O. Box Number is Not Acceptable) CORAL SPRINGS FL 33067 City 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 Signature, typed or omitted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D ☐ Delete TITLE Change ☐ Addition FRANCO, DENISE MAME MALAE STREET ADDRESS 5612 N.W. 64 TERRACE STREET ADDRESS CiTY - ST-ZIP CORAL SPRINGS FL CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP 33T3 F Delete 1811 8 Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C37Y - ST - 73P TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete HILE Change ☐ Addition NAME MASSE STREET ADDRESS STREET ADDRESS CETY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-78P CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

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