


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # V31139 1. Entity Name M & S, INC.	
---	---

Principal Place of Business 4969 NW 115TH WAY POMPANO BEACH, FL 33076 US	Mailing Address 4969 NW 115TH WAY POMPANO BEACH, FL 33076 US
--	--



04262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0404538	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ADELSTEIN, MITCH 9581 NW 11 ST SUITE 300 PLANTATION, FL 33322	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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000140972 04/29/04-80182-022 150.00
---	--	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ADELSTEIN, MITCH 9581 NW 11TH ST PLANTATION, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDS WIDELITZ, SCOTT 4969 NW 115 WAY CORAL SPRINGS, FL 33076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TANNENBAUM, ROSS 10520 PARIS ST. COOPER CITY, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RAFAEL, RUSSELL 107 BRIARCLIFF DR. MORGANVILLE, NJ 07751
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)(f), 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 employees.

SIGNATURE: [Signature] VP Date: 4-26-04 Daytime Phone #: 954-610-8649