


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90028 031 \*\*\*150.00

<b>DOCUMENT # 521738</b>					
1. Entity Name PACKMAN, NEUWAHL & ROSENBERG, P.A.					
Principal Place of Business 1500 SAN REMO AVE, #125 CORAL GABLES, FL 33146			Mailing Address 1500 SAN REMO AVE, #125 CORAL GABLES, FL 33146		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1712820	
6. Name and Address of Current Registered Agent NEUWAHL, MALCOLM H 1500 SAN REMO AVE STE 125 CORAL GABLES, FL 33146				7. Name and Address of New Registered Agent	
Name				Applied For	
Street Address (P.O. Box Number is Not Acceptable)				Not Applicable	
City				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				03022004 Chg-P CR2E034 (10/03)	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating). DATE #</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GINSBURG, DENNIS		NAME		
STREET ADDRESS	1500 SAN REMO AVE #125		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROSENBERG, MICHAEL		NAME	DVP ROSENBERG, MICHAEL	
STREET ADDRESS	1500 SAN REMO AVE, #125		STREET ADDRESS	1500 SAN REMO AVE, SUITE 125	
CITY-ST-ZIP	CORAL GABLES, FL		CITY-ST-ZIP	CORAL GABLES, FL 33146	
TITLE	DSP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NEUWAHL, MALCOLM H		NAME		
STREET ADDRESS	1500 SAN REMO AVE, #125		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL		CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STAMEN, ROBERT A		NAME		
STREET ADDRESS	1500 SAN REMO AVE #125		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL		CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHARE, LESLIE A		NAME		
STREET ADDRESS	1500 SAN REMO AVE #125		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FINKELMAN, JACK		NAME	DVP FINKELMAN, JACK	
STREET ADDRESS	1500 SAN REMO AVE. #125		STREET ADDRESS	1500 SAN REMO AVENUE SUITE 125	
CITY-ST-ZIP	CORAL GABLES, FL		CITY-ST-ZIP	CORAL GABLES, FL 33146	
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: <i>Robert A. Stamen</i>			Date: 3/2/04		Daytime Phone #: (305) 665-3311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

44010370



Attachment

Packman, Neuwahl & Rosenberg, P.A.  
Doc#521738  
Page 2

#521738-970  
44015970

PLEASE ADD THE FOLLOWING:

Officers and Directors:  
Continuation

DVP  
Mark R. Starkman  
1500 San Remo Avenue, Suite 125  
Coral Gables, FL 33146

DVP  
Jose L. Nunez  
1500 San Remo Avenue, Suite 125  
Coral Gables, FL 33146