## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 21, 2004 08:00 AM Secretary of State

ANNUAL REPORT				Secretary of State			
DOCUMENT # 585568					Secreta	ary or	State
1. Entity Name LINDA G. HIRSCH, P.A.							
			The state of the s				
Principal Flace of Business Mailing Address							
1232 PALERMO AV 1232 PALERMO AV CORAL GABLES, FL 33134-6327 CORAL GABLES, FL 331		CORAL GABLES, FL 33134-63	327				
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_	O NOT WOITE	^_	01182004	No Chg-P	CR2E034	(10/03)	
DO NOT WRITE IN THIS SI			<u>UE</u>	4. FEI Number 59-184			Applied For Not Applicable
		•			of Status Desired		.75 Additional
	B. Rams and Address of Current F	egistered Agent	F 3. 19. 1.	<u> </u>	(		rraquaeu
HIRSCH, LI			.::12 .	no	NOT W	RITE	
1232 PALEI CORAL GA	RMO AVE. BLES, FL 33134						
	,			IN .	THIS SP	ALE.	g y system is nederlædede g
& The choice of	named entity submits this statement for	the ouroose of chenning its register	ed office or register	red enent or bot	h in the State of Fin	rida lamiam	iliar with and accept
	ons of registered agent.	me balboad of orion8% is to solition	ar omea ar rogistar	oo agemeer be			
SIGNATURE	Sgrature, typed or preced name of registered agent as	d title d'applicable. (NOTE: Registère	ті Адат ақпаше перипе	i when remaining)		DATE	<del></del>
***	. MANNI - EEE 16 6420 00	ncing \$5.	.00 May Be				
After Ma	NOW!!! FEE IS \$150.00 y 1, 2004 Fee will be \$550.0	Trust Fund Contribution.	☐ Add	led to Fees			
10.	OFFICERS AND E	IRECTORS			Application of the defendance	દાહ્યુંથા મુધ્યું હ	8 to 17 (200 <del>000 2009 200</del> 1)
HAME	HIRSCH, LINDA G.						
	1232 PALERMO AVE. CORAL GABLES, FL				มอกอกก	anabas :	
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NAME STREET ADDRESS							
CITY-ST-ZIP TITLE							
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STREET ADDRESS CITY-ST-ZP				DO	<b>NOT W</b>	RITE	2 72 30000
TITLE				IN 7	THIS SP	ACE	· · ·
NAME STREET ADDRESS							,
CATY-ST-ZP			-				
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TITLE					•	•	

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 empowered.

SIGNATURE: .

STREET ACORESS CITY-ST-ZIP

ALL A HAT DE SIGNING OFFICER OR DIRECTOR

UNE GIBIRSCH

1-17-04

305-447-2421

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Daytone Phone 6