

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # 601054

1. Entity Name

GERSON, PRESTON, ROBINSON, & COMPANY, P.A.



Principal Place of Business

666-71ST STREET
MIAMI BEACH, FL 33141

Mailing Address

666-71ST STREET
MIAMI BEACH, FL 33141



01202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1262947

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GERSON, GARY R.
666 71ST STREET
MIAMI BEACH, FL

**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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GERSON, GARY R.
STREET ADDRESS	666-71ST STREET
CITY - ST - ZIP	MIAMI BEACH, FL 00000,
TITLE	VPS
NAME	PRESTON, RICHARD C.
STREET ADDRESS	666-71ST STREET
CITY - ST - ZIP	MIAMI BEACH, FL
TITLE	VPT
NAME	ROSEN, ALAN
STREET ADDRESS	666 71ST STREET
CITY - ST - ZIP	MIAMI BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000021729
02/02/04-80075-012 150.00

**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 #