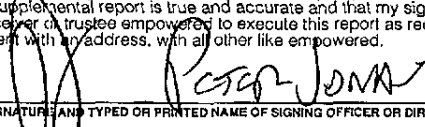
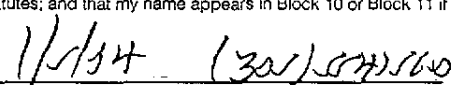


**2004 FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # 602903		
1. Entity Name PERLESS, ROTH, JONAS, MITTELBERG & HARTNEY, C.P.A.'S, P.A.		
Principal Place of Business 8370 W. FLAGLER STREET #125 MIAMI, FL 33144		Mailing Address 8370 W. FLAGLER STREET #125 MIAMI, FL 33144
DO NOT WRITE IN THIS SPACE		
		 01052004 No Chg-P CR2E034 (10/03)
4. FEI Number 59-1352076		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent PERLESS, ROBERT 8370 W. FLAGLER STREET #125 MIAMI, FL 33166		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 _____ Signature, typed or printed name of registered agent and title if applicable.		
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 NAME STREET ADDRESS CITY - ST - ZIP	D ROTH, ROBERT 8370 W. FLAGLER ST #125 MIAMI, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PERLESS, ROBERT N 8370 W. FLAGLER ST #125 MIAMI, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD JONAS, PETER 8370 W. FLAGLER ST #125 MIAMI, FL 00000,	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MITTELBERG, RICK 8370 W FLAGLER ST #125 MIAMI, FL 33144	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HARTNEY, JOHN 8370 W FLAGLER ST #125 MIAMI, FL 33144	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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: 		 Date Daytime Phone #