


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90001 019 ***158.75

DOCUMENT # 841657
 1. Entity Name
HAZEN AND SAWYER, P.C.



Principal Place of Business
4000 HOLLYWOOD BOULEVARD
7TH FLOOR-NORTH TOWER
HOLLYWOOD, FL 33021

Mailing Address
4000 HOLLYWOOD BOULEVARD
7TH FLOOR-NORTH TOWER
HOLLYWOOD, FL 33021

30002233



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
750N, North Tower

Suite, Apt. #, etc.
750N, North Tower

01062005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
13-2904652

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

ROBINSON, PETER
HAZEN AND SAWYER, P.C.
4000 HOLLYWOOD BLVD., STE 750N
HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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, 2005 Fee will be \$550.00

9...Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	ROBINSON, PETER E	
STREET ADDRESS	4620 JEFFERSON ST	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DAVIS, PATRICK	
STREET ADDRESS	921 SOUTHEAST 8TH STREET	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BORS, GARY	
STREET ADDRESS	10565 NW 3RD PL	
CITY-ST-ZIP	CORAL SPRINGS, FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HAGADORN, ROBERT E.	
STREET ADDRESS	507 DANBURY RD.	
CITY-ST-ZIP	RIDGEFIELD, CT 06877	
TITLE	VDST	<input type="checkbox"/> Delete
NAME	LASTIHENOS, JERRY	
STREET ADDRESS	20 E. 9TH ST.	
CITY-ST-ZIP	NEW YORK, NY 10003	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SMITH, ROBERT	
STREET ADDRESS	179 DEGRAW STREET	
CITY-ST-ZIP	BROOKLYN, NY 11231	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Peter E. Robinson **Peter E. Robinson** 01-05-05 954-987-0066
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #