2004 FOR PROFIT CORPORATION

FILED Apr 14, 2004 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # F60134 1. Entity Name GOLDSTEIN, LEWIN & COMPANY, P.A. Principal Place of Business Mailing Address 1900 NW CORPORATE BLVD, SUITE 300 E 1900 NW CORPORATE BLVD, SUITE 300 E BOCA RATON, FL 33431 BOCA RATON, FL 33431 03302004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2147155 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GOLDSTEIN, DONALD DO NOT WRITE 1900 NW CORPORATE BLVD, SUITE 300 E BOCA RATON, FL 33431 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE U00000113076 04/14/04-80050-002 150.00 GOLDSTEIN, DONALD J NAME STREET ADDRESS 1900 NW CORPORATE BLVD, SUITE 33E CITY-ST-ZIP BOCA RATON, FL 33431 TITT F NAME LEWIN, GERALD R 1900 NW CORPORATE BLVD, SUITE 300 E STREET ADDRESS CITY - ST-ZIP BOCA RATON, FL 33431 TITLE NAME STREET ADDRESS DO NOT WRITE CITY+ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statules. 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 aftrustee empowered to decough his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachyleyt with an address, with all other life empowered.

SIGNATURE: