


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # G96816

1. Entity Name
GREENSPOON, MARDER, HIRSCHFELD, RAFKIN, ROSS & BERGER, P.A.



Principal Place of Business % GERALD GREENSPOON 100 WEST CYPRESS CREEK ROAD, SUITE #700 FT LAUDERDALE, FL 33309	Mailing Address % GERALD GREENSPOON 100 WEST CYPRESS CREEK ROAD, SUITE #700 FT LAUDERDALE, FL 33309
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DO NOT WRITE IN THIS SPACE

01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2402121	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GREENSPOON, GERALD
 100 WEST CYPRESS CREEK ROAD
 SUITE #700
 FT LAUDERDALE, FL 33309**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	DP GREENSPOON, GERALD 100 W CYPRESS CREEK ROAD FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MARDER, MICHAEL 100 W CYPRESS CREEK ROAD FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HIRSCHFELD, NEAL 100 W CYPRESS CREEK ROAD FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RAFKIN, GLEN 100 W CYPRESS CREEK ROAD FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/09/04-80092-025 150.00

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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: **1/8/04** (954) 491-1120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR