2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Feb 04, 2004 08:00 AM Secretary of State DOCUMENT # H66307 Entity Name GROSSMAN AND ROTH, P.A. Principal Place of Business Mailing Address % NEAL A. ROTH % NEAL A. ROTH 2665 SOUTH BAYSHORE DRIVE 2665 SOUTH BAYSHORE DRIVE MIAMI, FL 33133-5401 MIAMI, FL 33133-5401 01262004 No Chg-P GR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2560342 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROTH, NEAL A. DO NOT WRITE 2665 SOUTH BAYSHORE DRIVE MIAMI, FL 33133 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or botts, 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 reinstaling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trest Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS The second of th m ROTH, NEAL A. MAME U00000031681 02/04/04-80156-022 150.00 2665 SOUTH BAYSHORE DR STREET ADDRESS CITY-ST-ZIP MIAMI, FL TITLE GROSSMAN, STUART Z. NAME 2665 SOUTH BAYSHORE DR STREET ADORESS CITY-ST-ZIP MIAMI, FL ग्राप्ट NAME STREET ADDRESS DO NOT WRITE CTTY-ST-7IP IN THIS SPACE mu NAME STREET ADDRESS CITY-ST-ZIP साध NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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 oalh; 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 attactiment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NEAL A. ROTH

FILED