

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J66681

FILED
Mar 09, 2004
Secretary of State

Entity Name: LENOFF AND LENOFF, P.A.

Current Principal Place of Business:

1761 W HILLSBORO BLVD
SUITE 405
DEERFIELD BEACH, FL 33442

New Principal Place of Business:

Current Mailing Address:

1761 W HILLSBORO BLVD
SUITE 405
DEERFIELD BEACH, FL 33442

New Mailing Address:

FEI Number: 59-2813366

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LENOFF, STEVEN
1761 W HILLSBORO BLVD
SUITE 405
DEERFIELD BEACH, FL 33442

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LENOFF, STEVEN,
Address: 1761 W HILLSBORO BLVD SUITE 405
City-St-Zip: DEERFIELD BEACH, FL

Title: STD () Delete
Name: LENOFF, MICHELE,
Address: 1761 W HILLSBORO BLVD SUITE 405
City-St-Zip: DEERFIELD BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN LENOFF

P

03/09/2004

Electronic Signature of Signing Officer or Director

_____ Date