

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 28, 2004 08:00 AM
Secretary of State**

DOCUMENT # K10441

1. Entity Name
ABRAMOWITZ & POMERANTZ, P.A.



Principal Place of Business
**C/O RICHARD ABRAMOWITZ
7800 WEST OAKLAND PARK BLVD.
SUNRISE, FL 33351-6741**

Mailing Address
**C/O RICHARD ABRAMOWITZ
7800 WEST OAKLAND PARK BLVD.
SUNRISE, FL 33351-6741**



01082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0028616

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ABRAMOWITZ, RICHARD
7800 W OAKLAND PARK BLVD SUITE 101
SUNRISE, FL 33321**

**DO NOT WRITE
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 _____

**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**

000000070165
03/01/04-80034-018 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
ABRAMOWITZ, RICHARD
7800 W. OAKLAND PK. BLVD
SUNRISE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
POMERANTZ, HOWARD L.
7800 W. OAKLAND PK. BLVD
SUNRISE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 title empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD ABRAMOWITZ

Date

Daytime Phone #

2/24/04 884-748-0400