
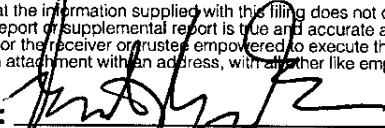


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90044 050 ***158.75

DOCUMENT # K50378 1. Entity Name GARBETT, BRONSTEIN, STIPHANY & ALLEN, P.A.					
Principal Place of Business 80 SW 8 ST 31ST FLOOR MIAMI, FL 33130			Mailing Address 80 SW 8 ST 31ST FLOOR MIAMI, FL 33130		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WLMC REGISTERED AGENTS, INC 80 SW 8 ST 31ST FLOOR BRICKELL BAY VIEW CENTER MIAMI, FL 33130				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PDS LUCIO, SATURNINO E., II 80 SW 8 ST 31ST FLOOR MIAMI, FL 33130		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<input checked="" type="checkbox"/> Delete		NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VD		TITLE	VD	
NAME	STIPHANY, GARY S		NAME	STIPHANY, GARY T.	
STREET ADDRESS	80 SW 8 ST 31ST FLOOR		STREET ADDRESS	80 S.W. 8 Street, Suite 3100	
CITY-ST-ZIP	MIAMI, FL 33130		CITY-ST-ZIP	Miami, FL 33130	
TITLE	MVD		TITLE	PMD	
NAME	BRONSTEIN, PETER E		NAME	BRONSTEIN, PETER E.	
STREET ADDRESS	80 SW 8 ST 31ST FLOOR		STREET ADDRESS	80 S.W. 8 Street, Suite 3100	
CITY-ST-ZIP	MIAMI, FL 33130		CITY-ST-ZIP	Miami, FL 33130	
TITLE	VD		TITLE	SD	
NAME	GARBETT, DAVID S.		NAME	GARBETT, DAVID S.	
STREET ADDRESS	80 SW 8 ST 31ST FLOOR		STREET ADDRESS	80 S.W. 8 Street, Suite 3100	
CITY-ST-ZIP	MIAMI, FL 33130		CITY-ST-ZIP	Miami, FL 33130	
TITLE	VP		TITLE	VD	
NAME	ALLEN, PHILIP A		NAME	ALLEN, PHILIP A.	
STREET ADDRESS	80 SW 8 ST 31ST FLOOR		STREET ADDRESS	80 S.W. 8 Street, Suite 3100	
CITY-ST-ZIP	MIAMI, FL 33130		CITY-ST-ZIP	Miami, FL 33130	
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 another like empowered.					
SIGNATURE: 			PETER E. BRONSTEIN 2/18/04 305-579-0012		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		