


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # K52096

1. Entity Name
MICHAEL O. ALBERTINE, P.A.



Principal Place of Business Mailing Address

2200 W. COMMERCIAL BLVD. 2200 W. COMMERCIAL BLVD.
 SUITE 102 SUITE 102
 FT. LAUDERDALE, FL 33309 US FT. LAUDERDALE, FL 33309 US



04222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-0094773 Not Applicable

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

6. Name and Address of Current Registered Agent

**ALBERTINE, MICHAEL O.
 2200 WEST COMMERCIAL BOULEVARD
 SUITE 301
 FT. LAUDERDALE, FL 33309**

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 _____ 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 9. Election Campaign Financing **\$5.00 May Be**
After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	ALBERTINE, MICHAEL O.
STREET ADDRESS	2200 W. COMMERCIAL BLVD., SUITE 102
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/26/04-80135-014 150.00

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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: _____ **4/23/04** **954 777 3133**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #