


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90017 004 \*\*\*158.75

**DOCUMENT # L38783**  
 1. Entity Name  
**SHAH, DROTOS & ASSOCIATES, P.A.**



Principal Place of Business <b>1835 S. PERIMETER ROAD          SUITE 190          FORT LAUDERDALE FL 33309          US</b>	Mailing Address <b>1835 S. PERIMETER ROAD          SUITE 190          FT. LAUDERDALE FL 33309          US</b>
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2. Principal Place of Business <b>3410 N. Andrews Ave. Ext.</b> Suite, Apt. #, etc.	3. Mailing Address <b>3410 N. Andrews Ave. Ext.</b> Suite, Apt. #, etc.
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City & State <b>Pompano Beach, FL</b>	City & State <b>Pompano Beach, FL</b>
Zip <b>33064</b>	Country <b>Broward</b>



MOORE CR2E034 (11/03)

4. FEI Number <b>65-0163732</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**SHAH, BHARAT R.  
 1835 S. PERIMETER ROAD,  
 SUITE 190  
 FT. LAUDERDALE FL 33309**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**3410 N. Andrews Ave. Ext.**  
 City  
**Pompano Beach FL** Zip Code  
**33064**

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 *Bharat R. Shah* **Feb. 19, 04**  
 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**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P	<input type="checkbox"/> Delete
NAME SHAH, BHARAT R	
STREET ADDRESS 1831 W. EAGLETRACE BLVD.	
CITY-ST-ZIP CORAL SPRINGS FL 33071	
TITLE VP	<input type="checkbox"/> Delete
NAME DROTOS, JAMES F	
STREET ADDRESS 2840 NE 59TH STREET	
CITY-ST-ZIP FT. LAUDERDALE FL 33308	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 all other like empowered.

SIGNATURE: *Bharat R. Shah* **Bharat R. Shah Feb. 19, 04 954/943-9433**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #