_2004 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 13, 2004 08:00 AM **Secretary of State** DOCUMENT # M03832 1. Entity Name PETÉR GRABLE, P.A. Mailing Address Principal Place of Business 804 N. OLIVE AVE., 1ST FLOOR 804 N. OLIVE AVE., 1ST FLOOR WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401 02062004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2441897 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GRABLE, ESQ., PETER DO NOT WRITE 804 N OLIVE AVE 1ST FLOOR IN THIS SPACE WEST PALM BEACH, FL 33401 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. (NOTE. Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE GRABLE, PETER NAME -U00000050584 STREET ADDRESS 317 SALINAS DR 02/16/04-80017-019 150.00 PALM BEACH GARDENS, FL 33410 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-\$T-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 reports tiple 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 further expenses to be executed 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 gifter like empowered. h all other like empowered.

SIGNATURE

NAME STREET ADDRESS CITY-ST-ZIP

RINTED NAME OF SIGNING OFFICER OF DIRECTOR

FILED