


2004 FOR PROFIT CORPORATION ANNUAL REPORT*

FILED
Jul 09, 2004 08:00 AM
Secretary of State

DOCUMENT # M41440
 1. Entity Name
BLAXBERG, GRAYSON, KUKOFF & SEGAL, P.A.



Principal Place of Business C/O BARRY BLAXBERG 25 SE 2ND AVE., STE. 730 MIAMI, FL 33131-8506	Mailing Address C/O BARRY BLAXBERG 25 SE 2ND AVE., STE. 730 MIAMI, FL 33131-8506
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07072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2737697	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**BLAXBERG, I. BARRY
 25 S.E. 2ND AVENUE
 STE. 730-INGRAHAM BLDG.
 MIAMI, FL 33131-8506**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

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

U00000164834
 07/09/04 00005 018 550.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLAXBERG, J. BARRY 25 SE 2 AVE., STE. 730 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS GRAYSON, MOISES T. 25 SE 2 AVE., STE. 730 MIAMI, FL
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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)(f), 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 disclaimer like empowered.

SIGNATURE:  **2/7/04** **305 381-7979**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #