

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90244 007 ***150.00

DOCUMENT # M45361

1. Entity Name
GREENWALD GLAUSER & ROSS, P.A.



Principal Place of Business
**18305 BISCAYNE BLVD
SUITE 302
MIAMI, FL 33160 US**

Mailing Address
**18305 BISCAYNE BLVD
SUITE 302
MIAMI, FL 33160 US**

94075194



2. Principal Place of Business
14446 W. Dixie Hwy
Suite, Apt. #, etc.

3. Mailing Address
14446 W. Dixie Hwy
Suite, Apt. #, etc.

04222004 Chg-P CR2E034 (10/03)

City & State
Miami, FL
Zip
33161

City & State
Miami, FL
Zip
33161

4. FEI Number
59-2770763
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GLAUSER, STUART H.
12910 SW 84 STREET
MIAMI, FL 33183**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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**

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **GLAUSER, STUART H.**
STREET ADDRESS **12910 SW 84TH STREET**
CITY-ST-ZIP **MIAMI, FL**

TITLE **D** ☐ Delete
NAME **GREENWALD, DANIEL**
STREET ADDRESS **12910 SW 84 ST**
CITY-ST-ZIP **MIAMI, FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/04