

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000088771

FILED  
Apr 30, 2004  
Secretary of State

**Entity Name:** NORMAN GINSPARG & ASSOCIATES, INC.

**Current Principal Place of Business:**

P.O BOX 814833  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

3800 N. 39TH AVENUE  
HOLLYWOOD, FL 33021

**Current Mailing Address:**

P.O BOX 814833  
HOLLYWOOD, FL 33021

**New Mailing Address:**

3389 SHERIDAN  
#195  
HOLLYWOOD, FL 33021

FEI Number: 65-1137751

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GINSPARG, NORMAN J  
3800 N. 39TH AVE  
HOLLYWOOD, FL 33021

**Name and Address of New Registered Agent:**

GINSPARG, NORMAN J  
12221 WEST DIXIE HIGHWAY  
NORTH MIAMI, FL 33161

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.

SIGNATURE: \_\_\_\_\_

04/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GINSPARG, NORMAN J  
Address: 3800 N. 39TH AVE  
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: S ( ) Delete  
Name: KNOPE, ALVIN N  
Address: 3525 W. PETERSON, STE. 510  
City-St-Zip: CHICAGO, IL 60659

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMAN GINSPARG

P

04/30/2004

Electronic Signature of Signing Officer or Director

Date