


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

04-30-2004 90376 027 ***150.00

DOCUMENT # P02000005237

1. Entity Name
REMER & GEORGES-PIERRE, P.A.



Principal Place of Business Mailing Address

19 WEST FLAGLER STREET STE 311 19 WEST FLAGLER STREET STE 311
MIAMI, FL 33130 MIAMI, FL 33130

2. Principal Place of Business 3. Mailing Address

100 North Biscayne Blvd. 100 North Biscayne Blvd.

Suite, Apt. #, etc. Suite, Apt. #, etc.

Suite 1003 Suite 1003

City & State City & State

Miami, Florida Miami, Florida

Zip Country Zip Country

33132 USA 33132 USA



04302004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

26-0037037 Not Applicable

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

6. Name and Address of Current Registered Agent

GEORGES-PIERRE, ANTHONY M
19 WEST FLAGLER STREET, STE 311
MIAMI, FL 33130

7. Name and Address of New Registered Agent

Name Anthony M. Georges-Pierre, Esq.

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

100 North Biscayne Blvd., Suite 1003

City Miami FL Zip Code 33132

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: Anthony M. Georges-Pierre, Esq. DATE: 4/30/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete
NAME	REMER, JASON S ESQ	
STREET ADDRESS	19 WEST FLAGLER STREET, STE 311	
CITY-ST-ZIP	MIAMI, FL 33130	
TITLE	D	<input type="checkbox"/> Delete
NAME	GEORGES-PIERRE, ANTHONY M ESQ	
STREET ADDRESS	19 WEST FLAGLER STREET, STE 311	
CITY-ST-ZIP	MIAMI, FL 33130	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jason S. Remer, Esq.	
STREET ADDRESS	100 N. Biscayne Blvd., Ste 1003	
CITY-ST-ZIP	Miami, FL 33132	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anthony M. Georges-Pierre, Esq.	
STREET ADDRESS	100 N. Biscayne Blvd., Ste 1003	
CITY-ST-ZIP	Miami, FL 33132	
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: Anthony M. Georges-Pierre DATE: 4/30/04 DAYTIME PHONE #: (305) 416-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR