2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 8:00 am
Secretary of State
04-01-2004 90021 019 ***150.00

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1. Entity Name
CIVIL TRIAL PRACTICE, P.A.

Principal Place of Business	Mailing Address
1506 NE 162 STREET - SUITE 200 NORTH MIAMI BEACH, FL 33162	1506 NE 162 STREET - SUITE 200 NORTH MIAMI BEACH, FL 33162

J4U4U832

03242004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
152 NE 167th STREET		152 NE 167th STREET	
Suite, Apt. #, etc. #300		Suite, Apt. #, etc. #300	
City & State Miami Florida		City & State Miami Florida	
Zip 33162	Country USA	Zip 33162	Country USA

4. FEI Number 75-3005207 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WEINSTEIN, EDWARD S
1506 NE 162 STREET
NORTH MIAMI BEACH, FL 33162

7. Name and Address of New Registered Agent

Name WEINSTEIN, Edward S.
Street Address (P.O. Box Number is Not Acceptable) 152 NE 167th STREET #300
City Miami FL Zip Code 33162

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] 3/24/04
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEINSTEIN, EDWARD S 1506 NE 162ND STREET MIAMI, FL 33162	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT WEINSTEIN, Edward S. 152 NE 167th STREET #300 Miami FL 33162	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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] 3/24/04 305/944 4884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #