

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90031 003 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

44025348



04012004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000117663			
1. Entity Name ALAN MARK GOLDBERG P.A.			
Principal Place of Business 17204 NEWPORT CLUB DR. BOCA RATON, FL 33496		Mailing Address 17204 NEWPORT CLUB DR. BOCA RATON, FL 33496	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-0318108		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOLDBERG, ALAN 17204 NEWPORT CLUB DR. BOCA RATON, FL 33496		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		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		DATE	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when retreating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P GOLDBERG, ALAN	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	17204 NEWPORT CLUB DR.	NAME	
STREET ADDRESS	BOCA RATON, FL 33496	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	VP GOLDBERG, ALAN	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	17204 NEWPORT CLUB DR.	NAME	
STREET ADDRESS	BOCA RATON, FL 33496	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	S GOLDBERG, ALAN	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY - ST - ZIP		CITY - ST - ZIP	
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STREET ADDRESS	BOCA RATON, FL 33496	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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: <i>Alan Goldberg</i>		Date: 4/1/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: 561-213-1803	