

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 18, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P93000021041

1. Entity Name

THE ELLENBOGEN AGENCY, INC.



Principal Place of Business

C/O STEVEN L. ELLENBOGEN  
1605 N STATE RD #7 STE G  
MARGATE, FL 33063 US

Mailing Address

C/O STEVEN L. ELLENBOGEN  
2103 NW 73RD LANE  
MARGATE, FL 33063



01252004 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0392519

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

ELLENBOGEN, STEVEN L  
2103 NW 73RD LANE  
MARGATE, FL 33063

**DO NOT WRITE  
IN THIS SPACE**

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  
NAME ELLENBOGEN, STEVEN L  
STREET ADDRESS 2103 NW 73RD LANE  
CITY-ST-ZIP MARGATE, FL 33063

TITLE D  
NAME KAPLAN, SUSAN A  
STREET ADDRESS 2103 NW 73RD LANE  
CITY-ST-ZIP MARGATE, FL 33063

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000091957  
03/18/04-80030-008 158.75

**DO NOT WRITE  
IN THIS SPACE**

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

3/14/04 954 274-4486  
Date Daytime Phone #