


2004 FOR PROFIT CORPORATION ANNUAL REPORT

-FILED-
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000024286

1. Entity Name
BLECKER & LEWINGER, P.A.



Principal Place of Business: **6600 N. ANDREWS AVE #306 FT LAUDERDALE, FL 33309 US**

Mailing Address: **6600 N. ANDREWS AVE #306 FT LAUDERDALE, FL 33309 US**



02052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0475980** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

LEWINGER, RICK
6600 N. ANDREWS AVE
#306
FORT LAUDERDALE, FL 33309

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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 _____ (NOTE: Registered Agent signature required when re/instating) _____ 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	BLECKER, STEVE
STREET ADDRESS	6600 N. ANDREWS AVE #306
CITY - ST - ZIP	FORT LAUDERDALE, FL 33309
TITLE	D
NAME	LEWINGER, RICK
STREET ADDRESS	6600 N. ANDREWS AVE #306
CITY - ST - ZIP	FORT LAUDERDALE, FL 33309
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 02/16/04-80154-002 150.00

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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 of the same empowerment.

SIGNATURE:  **2/13/04** **954 493-6500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____