

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 29, 2004 8:00 am**  
**Secretary of State**

07-29-2004 90007 046 \*\*\*558.75

DOCUMENT # P95000002062



1. Entity Name  
**LAW OFFICES OF CUBIT AND CUBIT, P.A.**

Principal Place of Business      Mailing Address  
 727 NE 3RD AVENUE      727 NE 3RD AVENUE  
 SUITE 300      SUITE 300  
 FORT LAUDERDALE FL 33304      FORT LAUDERDALE FL 33304



MOORE      CR2E034 (4/04)

2. Principal Place of Business      3. Mailing Address  
 727 NE 3<sup>RD</sup> Ave      727 NE 3<sup>RD</sup> Ave  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 201      # 201  
 City & State      City & State  
 Ft Laud, fl      Ft Laud.  
 Zip      Country      Zip      Country  
 33304      USA      33304      USA

4. FEI Number      Applied For  
 65-0551954      Not Applicable  
 5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 CUBIT, THOMAS M  
 200 JACARANDA DRIVE C-3  
 PLANTATION FL 33324

7. Name and Address of New Registered Agent  
 Name      CUBIT, THOMAS  
 Street Address (P.O. Box Number is Not Acceptable)      727 NE 3<sup>RD</sup> Ave # 201  
 City      Ft Laud      FL      Zip Code      33304

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: 7-26-04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00**  
**DUE BY September 8, 2004**  
**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

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                       | CUBIT, WILLIAM A     |                                 |
| STREET ADDRESS             | 1301 WOODLAND AVE    |                                 |
| CITY-ST-ZIP                | SHARON HILL PA 19079 |                                 |
| TITLE                      | D                    | <input type="checkbox"/> Delete |
| NAME                       | CUBIT, THOMAS M      |                                 |
| STREET ADDRESS             | 200 JACARANDA DR C-3 |                                 |
| CITY-ST-ZIP                | PLANTATION FL 33324  |                                 |
| 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   |  | <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   |  |   |
| 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:      DATE: 7-26-04      DAYTIME PHONE #: 954-525-9350  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR