


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90319 019 ***150.00

DOCUMENT # P97000051622

1. Entity Name
 LAW OFFICES OF L. HAVARD SCOTT, III, P.A.



14013432

Principal Place of Business Mailing Address
~~650 WEST AVE~~ ~~650 WEST AVE~~
~~SUITE 704~~ ~~SUITE 704~~
 MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139



2. Principal Place of Business 3. Mailing Address
 1401 Bay Road 1401 Bay Road
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 No. 501 No. 501

04262004 Chg-P CR2E034 (10/03)

City & State City & State
 Miami Beach, FL Miami Beach, FL
 Zip Country Zip Country
 33139 USA 33139 USA

4. FEI Number Applied For
 43-6860745 Not Applicable

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

6. Name and Address of Current Registered Agent
 SCOTT, L. HARVARD III
~~650 WEST AVE~~
~~SUITE 704~~
 MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent
 Name L. Harvard Scott, III
 Street Address (P.O. Box Number is not acceptable)
 1401 Bay Road
 # 501
 City Miami Beach FL Zip Code 33139

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 *L. Harvard Scott, III* L. Harvard Scott, III 4/25/04
Signature, typed or printed name of registered agent and fee 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 NAME STREET ADDRESS CITY-ST-ZIP	PCEO SCOTT, HARVARD L III 650 WEST AVE SUITE 704 MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO L. Harvard Scott, III 1401 Bay Road, No. 501 Miami Beach, FL 33139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 lines empowered.

SIGNATURE: *L. Harvard Scott, III* L. Harvard Scott, III 4/25/04 305-632-7174
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #