2004 FOR PROFIT CORPORATION

## Jul 27, 2004 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT # P98000035019** 07-27-2004 90036 047 \*\*\*550.00 1. Entity Name MIRIAM L. BLUM & ASSOCIATES, INC. Principal Place of Business Mailing Address 54064374 4747 N. OCEAN DRIVE 4747 N. OCEAN DRIVE SUITE 241 SUITE 241 SEA RANCH LAKES, FL 33308 SEA RANCH LAKES, FL 33308 3. Mailing Address 2. Principal Place of Business 600 E. Commercial Blvd. 1600 E. Commercial Blvd Suite, Apt. #. etc Suite, Apt. #, etc. 07092004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Oakland Park, FL Dakland Park, FL 65-0829115 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 334 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent --BLUM, MIRIAM L Street Address (P.O. Box Number is Not Acceptable) 4747 N. OCEAN DRIVE **SUITE 241** SEA RANCH LAKES, FL 33308 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 signisture required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Due by September 8, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. MLE ☐ Delete TITLE Change Addition Blum, Miriam L. **SLUM MIRIAM** NAME NAME 1600 E. Commercial Blyd. Oakland Park, FL 3333 STREET ADDRESS 4747 N OCEAN DR 241 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SEA RANCH LAKES, FL. 33308 Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TILE Change Addition MARKE MANE STREET ADDRESS STREET AODRESS CITY-ST-ZIP CITY-ST-7/P ☐ Change Delete TITLE Addition MASAF NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE Delete TIT! F 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.

OFFICER OR DIRECTOR

FILED

MIRIAM L/ BLUM

SIGNATURE: \_

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Affachment

54064972 # P98000035019

This form needs to be signed and dated in both places. I enclosed an envelope to mail the form and a check to the Division of Corporations. (The \$550.00 is due by Sept. 8.)

-Liz