


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 APR 16 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000053307 1. Entity Name DAVID J. WIENER, P.A.	
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Principal Place of Business ONE NORTH CLEMATIS STREET STE 305 PALM BEACH GARDENS, FL 33410	Mailing Address ONE NORTH CLEMATIS STREET STE 305 PALM BEACH GARDENS, FL 33410
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02042004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0847262	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WIENER, DAVID J
 ONE NORTH CLEMATIS STREET
 STE 305
 WEST PALM BEACH, FL 33401

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 _____ (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**

400032965284
04/15/04--01048--010 **150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIENER, DAVID J ONE NORTH CLEMATIS STREET, STE 305 WEST PALM BEACH, FL 33401
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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 other like empowered.

SIGNATURE: *David J. Wiener* 2/9/04 561-366-9144

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