

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000004293

FILED  
Apr 14, 2004  
Secretary of State

Entity Name: ADVANCED PLANNING STRATEGIES, INC.

**Current Principal Place of Business:**

2121 PONCE DE LEON BLVD., STE. 900  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

2605 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2121 PONCE DE LEON BLVD., STE. 900  
CORAL GABLES, FL 33134

**New Mailing Address:**

2605 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134

FEI Number: 65-0894331

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TRESCOTT, ROBERT L  
2121 PONCE DE LEON BLVD., STE. 900  
CORAL GABLES, FL 33134

**Name and Address of New Registered Agent:**

TRESCOTT DRUCKER VASALLO PL  
2605 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134

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.

SIGNATURE: ROBERT L. TRESCOTT

04/14/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: TRESCOTT, ROBERT L  
Address: 2121 PONCE DE LEON BLVD., STE. 900  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: TRESCOTT, ROBERT L  
Address: 2605 PONCE DE LEON BLVD.  
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT L. TRESCOTT

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04/14/2004

Electronic Signature of Signing Officer or Director

Date