

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S36067

FILED
Mar 05, 2004
Secretary of State

Entity Name: J. PATRICK FITZGERALD, P.A.

Current Principal Place of Business:

110 MERRICK WAY
SUITE 3-B
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

110 MERRICK WAY
3-B
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 65-0205213 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FITZGERALD, J. PATRICK
110 MERRICK WAY
SUITE 3-B
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: FITZGERALD, J. PATRI, CK
Address: 110 MERRICK WAY SUITE 3-B
City-St-Zip: CORAL GABLES, FL

Title: D () Delete
Name: FITZGERALD, J. PATRI, CK
Address: 110 MERRICK WAY SUITE 3-B
City-St-Zip: CORAL GABLES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: J. PATRICK FITZGERALD

PSTD

03/05/2004

Electronic Signature of Signing Officer or Director

_____ Date