

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V09429

FILED
Mar 30, 2004
Secretary of State

Entity Name: SAPOZNIK & GORFINKEL LTD., INC.

Current Principal Place of Business:

10 NW SECOND STREET
MIAMI, FL 33128

New Principal Place of Business:

Current Mailing Address:

10 NW SECOND STREET
MIAMI, FL 33128

New Mailing Address:

FEI Number: 63-0923224 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GORFINKEL NESTOR B
20818 WEST DIXIE HWY
AVENTURA, FL 33180 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: D () Delete
Name: GORFINKEL, LEON,
Address: 10 NW SECOND STREET
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: GORFINKEL, JULIUS,
Address: 10 NW SECOND STREET
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: SAPOZNIK, LAZARO,
Address: 10 NW SECOND STREET
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: SAPOZNIK, CLARA,
Address: 10 NW SECOND STREET
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: SAPOZNIK, JOSE
Address: 10 NW SECOND STREET
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: GORFINKEL, LEON

D

03/30/2004

Electronic Signature of Signing Officer or Director

_____ Date