

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2004 08:00 AM
Secretary of State

DOCUMENT # M09783

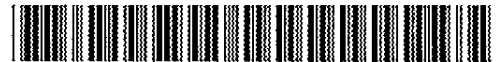
1. Entity Name
ARTHUR B. D'ALMEIDA, P.A.



Principal Place of Business
**C/O ARTHUR B. D'ALMEIDA
105 EAST PALMETTO PARK ROAD
BOCA RATON, FL 33432**

Mailing Address
**C/O ARTHUR B. D'ALMEIDA
105 EAST PALMETTO PARK ROAD
BOCA RATON, FL 33432**

DO NOT WRITE IN THIS SPACE



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2489667

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**D'ALMEIDA, ARTHUR B.
105 EAST PALMETTO PARK ROAD
BOCA RATON, FL 33432**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(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**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME D'ALMEIDA, ARTHUR B.
STREET ADDRESS 105 E. PALMETTO PK. RD.
CITY-ST-ZIP BOCA RATON, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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01/14/04-80010-015 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/04 356
3584674