

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90011 040 ***150.00

DOCUMENT # P00000109760

1. Entity Name

THE KOZLOWSKI LAW FIRM, P.A.



Principal Place of Business

927 LINCOLN ROAD

208 118

MIAMI BEACH, FL 33139

Mailing Address

927 LINCOLN ROAD

208 118

MIAMI BEACH, FL 33139

54007311



01142004

No Chg-P

CR2E034 (10/03)

4. FEI Number

65-1056706

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required.**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KOZLOWSKI, STEVEN R
927 LINCOLN ROAD, STE. 208 118
MIAMI BEACH, FL 33139

**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 KOZLOWSKI, STEVEN R
STREET ADDRESS 927 LINCOLN ROAD, STE. 208
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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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

Date

Daytime Phone #

Steven Kozlowski President 2/11/04 305.673.8980