
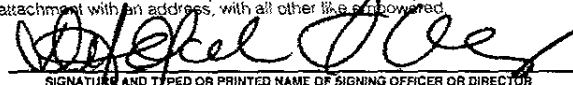


V-14163

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000081956							
1. Entity Name HELLER AND CHAMES, P.A.							
Principal Place of Business 888 BRICKELL AVE. 6TH FLOOR MIAMI, FL 33131		Mailing Address 888 BRICKELL AVE. 6TH FLOOR MIAMI, FL 33131					
		 01062004 No Chg-P CR2E034 (10/03)					
		4. FEI Number 59-2932550 <table border="1"> <tr> <td>Applied For</td> <td></td> </tr> <tr> <td>Not Applicable</td> <td></td> </tr> </table>		Applied For		Not Applicable	
Applied For							
Not Applicable							
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent							
HELLER, JONATHAN A 888 BRICKELL AVE 6TH FLOOR MIAMI, FL 33131							
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
		U00000103490 04/12/04-80044-024 158.75					
10. OFFICERS AND DIRECTORS							
TITLE	D						
NAME	HELLER, JONATHAN A						
STREET ADDRESS	888 BRICKELL AVE., 6TH FLOOR						
CITY-ST-ZIP	MIAMI, FL 33131						
TITLE	D						
NAME	CHAMES, DEBORAH S						
STREET ADDRESS	888 BRICKELL AVE., 6TH FLOOR						
CITY-ST-ZIP	MIAMI, FL 33131						
TITLE							
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
TITLE							
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
TITLE							
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							
		Date _____ Daytime Phone # _____					