

Jan.29. 2004 9:16AM SOBEL, GLACKMAN & SOBEL P.A.

No. 3404 P. 2

FILED

Apr 30, 2004 08:00 AM
Secretary of State

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 478602		
1. Entity Name CERTIFIED SHORTHAND REPORTERS, INC.		
Principal Place of Business 19 W. FLAGLER ST. M-101 BISCAYNE BLDG MIAMI, FL 33130		Mailing Address 19 W. FLAGLER ST. M-101 BISCAYNE BLDG MIAMI, FL 33130
DO NOT WRITE IN THIS SPACE		
DO NOT WRITE IN THIS SPACE		01282004 No Chg-P CR2E034 (10/03)
		4. FEI Number 59-1803299 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent WARREN, HOWARD M-101 BISCAYNE BLDG 19 W FLAGLER ST MIAMI, FL 33130		
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 file 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 U000000142523 04/30/04-80055-017 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HOWARD, WARREN 19 W. FLAGLER ST M-101 MIAMI, FL 33130	
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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: <u>Howard L. Warren</u> <u>HOWARD F. WARREN</u> <u>4/28/04</u> <u>305-374-6585</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		