


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # 509255 1. Entity Name HOLTZMAN EQUELS, P.A.	
--	---

Principal Place of Business 2601 S. BAYSHORE DR. SUITE 600 MIAMI, FL 33133 US	Mailing Address 2601 S. BAYSHORE DR. SUITE 600 MIAMI, FL 33133 US
---	---

DO NOT WRITE IN THIS SPACE



02242004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1683022	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	


6. Name and Address of Current Registered Agent

**HEF REGISTERED AGENT CORP.
2601 SOUTH BAYSHORE DRIVE
SUITE 600
MIAMI, FL 33133**

**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

3-18-2004

**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

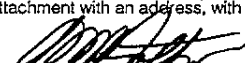
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLTZMAN, SYLVAN 2601 S. BAYSHORE DR. #600 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD EQUELS, THOMAS K. 2601 S. BAYSHORE DR. #600 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAIA, JOSEPH L 2601 BAYSHORE DR., STE. 600 COCONUT GROVE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000134871
04/28/04-80041-010 150.00

**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

Date

Daytime Phone #

3-18-2004

305-859-7700