


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 521223**  
 1. Entity Name  
**ROBBINS, TUNKEY, ROSS, AMSEL, RABEN, WAXMAN & EIGLARSH, P.A.**



Principal Place of Business      Mailing Address  
 % 2250 SOUTHWEST THIRD AVENUE      % 2250 SOUTHWEST THIRD AVENUE  
 MIAMI, FL 33129      MIAMI, FL 33129

**DO NOT WRITE IN THIS SPACE**



04142004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 59-1709242      Not Applicable

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

6. Name and Address of Current Registered Agent  
 TUNKEY, WILLIAM  
 2250 SW THIRD AVENUE  
 MIAMI, FL 33129-2045

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	SD ROSS, ALAN 2250 S W THIRD AVE MIAMI, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROBBINS, FRED 2250 S W THIRD AVE MIAMI, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TUNKEY, WILLIAM 2250 S W THIRD AVE MIAMI, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AMSEL, ROBERT G 2250 SW 3RD AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RABEN, DAVID 2250 SW 3RD AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000117314  
 04/19/04-80014-014 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]*      4/14/04      *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #