

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 556973

FILED
Apr 01, 2004
Secretary of State

Entity Name: ELLIOT KAPLAN, P.A.

Current Principal Place of Business:

20801 BISCAYNE BLVD.
505
AVENTURA, FL 33180 US

Current Mailing Address:

20801 BISCAYNE BLVD.
505
AVENTURA, FL 33180 US

FEI Number: 59-1795968

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAPLAN, ELLIOT
20801 BISCAYNE BLVD
STE 505
AVENTURA, FL 33180 US

New Principal Place of Business:

20801 BISCAYNE BLVD.
403
AVENTURA, FL 33180 US

New Mailing Address:

20801 BISCAYNE BLVD.
403
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

KAPLAN, ELLIOT
20801 BISCAYNE BLVD
STE 403
AVENTURA, FL 33180 US

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.

SIGNATURE:

04/01/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KAPLAN, ELLIOT,
Address: 20801 BISCAYNE BLVD #505
City-St-Zip: AVENTURA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KAPLAN, ELLIOT CPA
Address: 20801 BISCAYNE BLVD #403
City-St-Zip: AVENTURA, FL 33180

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELLIOT KAPLAN

PD

04/01/2004

Electronic Signature of Signing Officer or Director

Date