


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 570331</b> 1. Entity Name <b>MICHAEL J. OSMAN, P.A.</b>	
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Principal Place of Business <b>1541 BRICKELL AVENUE #B2503 MIAMI, FL 33129 US</b>	Mailing Address <b>1541 BRICKELL AVENUE #B2503 MIAMI, FL 33129 US</b>
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**DO NOT WRITE IN THIS SPACE**



04042004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-1814891</b>	Applied For <b>Not Applicable</b>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>OSMAN, MICHAEL J. 1541 BRICKELL AVENUE #B2503 MIAMI, FL 33129</b>
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

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

UD0000105785  
04/07/04-80039-014-150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD OSMAN, MICHAEL J. 1541 BRICKELL AVENUE, #B2503 MIAMI, FL 33129
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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: Michael J. Osman, Pres.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-04-04  
Date

305-854-3934  
Daytime Phone #

Michael J. OSMAN