2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 589733

1. Entity Name
ARNOLD I. LEVY, P.A.

Principal Place of Business	Mailing Address
9100 SOUTH DADELAND BLVD 1404 MIAMI, FL 33156 US	9100 SOUTH DADELAND BLVD 1404 MIAMI, FL 33156 US

DO NOT WRITE IN THIS SPACE

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

01052004   No Chg-P   CR2E034 (10/03)

4. FEI Number
59-1854542

Applied For ☐
Not Applicable

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

6. Name and Address of Current Registered Agent

LEVY, ARNOLD I.
9100 S DADELAND BLVD #1404
MIAMI, FL 33156

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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
Signature, typed or printed name of registered agent and title 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

U000000105788
04/07/04-80039-017 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	LEVY, ARNOLD I.
STREET ADDRESS	8264 SW 84 TERRACE
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(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: _Arnold I. Levy, Pres._ Arnold I. Levy, Pres.   1-5-04   (305) 670-0101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #