

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90080 024 ***150.00

DOCUMENT # 600541

1. Entity Name
FROMBERG, FROMBERG & ASSOCIATES, P.A.



Principal Place of Business
**20801 BISCAYNE BLVD.
SUITE 505
N. MIAMI BEACH, FL 33180**

Mailing Address
**20801 BISCAYNE BLVD.
SUITE 505
N. MIAMI BEACH, FL 33180**



2. Principal Place of Business
18901 NE 29th Avenue

3. Mailing Address
18901 NE 29th Avenue

04202004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 100

Suite 100

4. FEI Number

Applied For

City & State

City & State

Aventura, Florida

Aventura, Florida

59-1221878

Not Applicable

Zip
33180

Country
USA

Zip
33180

Country
USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DADE COUNTY CORPORATE AGENTS
20801 BISCAYNE BLVD.
SUITE 505
AVENTURA, FL 33180**

Name

Dade County Coprorates Agents, Inc.

Street Address (P.O. Box Number is Not Acceptable)

18901 NE 29th Avenue

Suite 100

City

Aventura

FL

Zip Code
33180

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
FROMBERG, LYNN W
20801 BISCAYNE BLVD #505
AVENTURA, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
Fromberg, Lynn W.
18901 NE 29th Avenue, Suite 100
Aventura, Florida 33180** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSTD
FROMBERG, MALCOLM H
20801 BISCAYNE BLVD #505
AVENTURA, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSTD
Fromberg, Malcolm H.
18901 NE 29th Avenue, Suite 100
Aventura, Florida 33180** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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 #

4/20/04 305-933-2000