
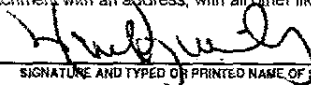


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # 601380		
1. Entity Name DRS. TOBIN, ZWIBEL & APTMAN, P.A.		
Principal Place of Business 8940 N. KENDALL DR., #802E MIAMI, FL 33176 US		Mailing Address 8940 N. KENDALL DR., #802E MIAMI, FL 33176 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ZWIBEL, HOWARD 8940 N KENDALL DR #802 MIAMI, FL 33176		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		U00000137066 04/29/04-80024-025 150.00
DO NOT WRITE IN THIS SPACE		
10. OFFICERS AND DIRECTORS		
TITLE	P	
NAME	APTMAN, MICHAEL	
STREET ADDRESS	8940 N. KENDALL DR., #802E	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	ST	
NAME	ZWIBEL, HOWARD L	
STREET ADDRESS	8940 N. KENDALL DR., #802E	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	VP	
NAME	FARADJI, VICTOR	
STREET ADDRESS	8940 N. KENDALL DR., #802E	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	V	
NAME	RACHER, DAVID	
STREET ADDRESS	8940 N. KENDALL DR., #802E	
CITY-ST-ZIP	MIAMI, FL	
TITLE	VP	
NAME	KOBETZ, STEVEN	
STREET ADDRESS	8940 NW KENDALL #802 E	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: 		Howard Zwibel 4/26/04 305 5951041
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>