

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2004 8:00 am
Secretary of State

01-27-2004 90001 042 ***150.00


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01162004 No Chg-P CR2E034 (10/03)

| | |
|---|---|
| 4. FEI Number 59-1292235 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required ... |

DOCUMENT # 602107
 1. Entity Name
ROSEN & EICHNER, P.A.



| | |
|---|---|
| Principal Place of Business 2500 WESTON ROAD SUITE 220 WESTON, FL 33331 US | Mailing Address 2500 WESTON ROAD SUITE 220 WESTON, FL 33331 US |
|---|---|

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 HARRY M ROSEN, ESQ
 2500 WEST ROAD, SUITE 220
~~SUITE 725 S~~
 WEST, FL 33331

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PST ROSEN, HARRY M 2500 WESTON ROAD, SUITE 220 WESTON, FL 33331 |
| 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 | |

DO NOT WRITE 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: H. M. Rosen, Pres. 1/20/04 9543841851
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #