## 2004 FOR DROFIT CORDODATION

**FILED** 

ANNUAL REPORT				Jan 20, 2004 08:00 AM			
1. Entity Nan	MENT # 604142 DN, GINSBERG, AND VIGH, P.	<b>A</b> .			Secre	tary of	State
1702 N FLA AVE POB 3275		Maiting Address 1702 N FLA AVE POB 3275 TAMPA, FL 33601	,				
C	OO NOT WRITE I		01132004 No Chg-P CR2E034 (10/03)  4. FEI Number				
SOLOMOI 1702 N FL TAMPA, F	Name and Address of Current Region, MARVIN A AVE	stered Agent			NOT W HIS SP	RITE	
	named entity submits this statement for the tions of registered agent.  Signalure, typed or printed name of registered agent and till	The second of th		aks Constant C	h, in the State of Flo	rida. I am famili	ar with, and accep
After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		.00 May Be ed to Fees			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE PTD SOLOMON,MARVIN 1702 N. FLORIDA AVENUE TAMPA, FL	CTORS		-	U00000 01/20/04-	007229 80014-01	7 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					N <u>OT W</u> HIS SP		
TITLE NAMÉ STREET ADDRESS CITY-ST-ZIP		3		••	, <u></u>	2.	

12. Thereby certify that the information supplied with this filling 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: \_

TITLE NAME STREET ADDRESS CITY+ST-ZIP

> SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MARTIN SOLOMON

anoy

813-229-0115

Daytime Phone #