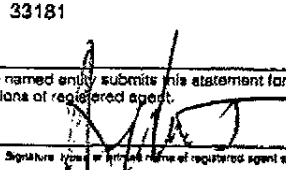
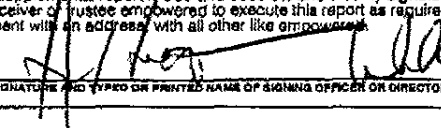


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ESKAY ACCT

FILED
May 03, 2004 08:00 AM
Secretary of State

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 604648 1. Entity Name ALBERT WILENSKY, P.A.			
Principal Place of Business 16499 N.E. 19TH AVENUE 215 NORTH MIAMI BEACH, FL 33181 US		Mailing Address 16499 N.E. 19TH AVENUE 215 NORTH MIAMI BEACH, FL 33181 US	
DO NOT WRITE IN THIS SPACE			
		 03052004 No Chg-P CR2E004 (10/03)	
4. FBI Number 69-1501501		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILENSKY, ALBERT 16499 N.E. 19TH AVENUE SUITE 215 MIAMI, FL 33181		DO NOT WRITE IN THIS SPACE	
7. 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 file 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	P WILENSKY, ALBERT 16499 N.W. 19TH AVENUE - SUITE 215 NORTH MIAMI, FL 33181		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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 empowerments. SIGNATURE:  DATE _____ Daytime Phone # _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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**DO NOT WRITE
IN THIS SPACE**