2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # 687866

1. Entity Name
SANDLER, TRAVIS & ROSENBERG, P.A.

Principal Place of Business	Mailing Address
5200 BLUE LAGOON DRIVE, SUITE 600 MIAMI, FL 33126-9022	5200 BLUE LAGOON DRIVE, SUITE 600 MIAMI, FL 33126-9022

DO NOT WRITE IN THIS SPACE

04202004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2027519
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TRAVIS, THOMAS G
5200 BOUE LAGOON DR., #600
MIAMI, FL 33126

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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

000000129060
04/26/04-80063-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	SVM
NAME	TRAVIS, THOMAS G
STREET ADDRESS	5200 BLUE LAGOON DR
CITY-ST-ZIP	MIAMI FL, 33126
TITLE	TDP
NAME	SANDLER, GILBERT L
STREET ADDRESS	5200 BLUE LAGOON DR
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	D
NAME	ROSENBERG, LEONARD L.
STREET ADDRESS	5200 BLUE LAGOON DR
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Leonard L. Rosenberg 4-22-04 305-267-9202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #