# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 02, 2004 08:00 AM**
**Secretary of State**

DOCUMENT # F00000002695

1. Entity Name
BUSINESS ADVISORY SERVICES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 21301 POWERLINE RD., SUITE 309<br>BOCA RATON, FL 33433 | 21301 POWERLINE RD., SUITE 309<br>BOCA RATON, FL 33433 |

01052004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
52-0979328
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KRASSENSTEIN, J.D.
21301 POWERLINE RD., STE 309
BOCA RATON, FL 33433

**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

U00000073503
03/02/04-80039-002 150.00

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | CPT |
| NAME | KRASSENSTEIN, J.D. |
| STREET ADDRESS | 21301 POWERLINE RD., SUITE 309 |
| CITY-ST-ZIP | BOCA RATON, FL 33433 |
| TITLE | VC |
| NAME | KRASSENSTEIN, JONATHAN T |
| STREET ADDRESS | 918 DALE AVE. |
| CITY-ST-ZIP | BRADFORD WOODS, PA 15015 |
| TITLE | D |
| NAME | KRASSENSTEIN, DANIEL M |
| STREET ADDRESS | 17 TULIP LANE |
| CITY-ST-ZIP | SHORT HILLS, NJ 07078 |
| TITLE | D |
| NAME | KRASSENSTEIN, VELMA C |
| STREET ADDRESS | 2396 TIMBERCREEK CIRCLE |
| CITY-ST-ZIP | BOCA RATON, FL 33431 |
| TITLE | S |
| NAME | KRASSENSTEIN, JULIET |
| STREET ADDRESS | 918 DALE AVE. |
| CITY-ST-ZIP | BRADFORD WOODS, PA 15015 |
| TITLE | D |
| NAME | NIESON, RUTH |
| STREET ADDRESS | 1611 SWEETBRIAR RD. |
| CITY-ST-ZIP | GLADWYNE, PA 19035 |

**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:** _____ J.D. KRASSENSTEIN 2/24/04 561-289-4493
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #