

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 09, 2004 8:00 am
Secretary of State

07-09-2004 90002 021 ***158.75

DOCUMENT # F01000006542 1. Entity Name A-A-A ATTORNEY REFERRAL SERVICE SOUTHERN DISTRICT, INC.	
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Principal Place of Business 1355 WEST PALMETTO PARK RD # 320 BOCA RATON FL 33486	Mailing Address 1355 WEST PALMETTO PARK RD # 320 BOCA RATON FL 33486
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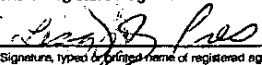
07012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1158735	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SPITZER, LISA 1355 WEST PALMETTO PARK RD #320 BOCA RATON, FL 33486

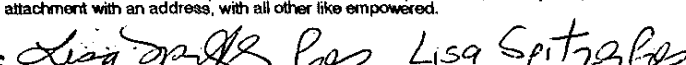
**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCD SPITZER, LISA 1355 WEST PALMETTO PARK RD #320 BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**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:  Lisa Spitzer SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: 7/10/04 Daytime Phone #: 561-750-8094

*I certify under penalty of perjury that no original
Notice to File was Not received*

Attachment

54060780



A A A Attorney Referral Service, Inc.

SOUTHERN DISTRICT

Headquarters

5840 Corporate Way Suite 200
West Palm Beach, Florida 33407



Mail all correspondence to:

PMB # 320
1355 West Palmetto Park Rd.
Boca Raton, Florida

33486

800-733-5342

Fax: 888-539-1010

Offices in:

New York • Tampa • Orlando
Jacksonville • Tallahassee
Miami • Atlanta • Ft. Lauderdale
West Palm Beach

Re: F01000006542

Enclosed is a check in the amount of \$150.00 and \$8.75
for filing the corporate return.

I certify under penalty of perjury that the filing report
and or notice of filing was never received. The postcard I just
received is the first and only notice I have received.
Lisa Spitzer Pres.

Lisa Spitzer