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.

Principal Place of Business	Mailing Address
1355 WEST PALMETTO PARK RD # 320 BOCA RATON, FL 33486	1355 WEST PALMETTO PARK RD # 320 BOCA RATON, FL 33486

DO NOT WRITE IN THIS SPACE

07012004 No Chg-P CR2E034 (10/03)

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

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

10. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	SPITZER, LISA
STREET ADDRESS	1355 WEST PALMETTO PARK RD #320
CITY-ST-ZIP	BOCA RATON, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Lisa Spitzer 7/1/04 561-750-8094
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

I certify under penalty of perjury that the original Notice to File was not received

Attachment

54060780

A-A-A Attorney Referral Service, Inc.

SCUTHERN 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

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

800-733-5342
Fax: 888-539-1010

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 notce I have received.

Lisa Spitzer Pres

Lisa Spitz