


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

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

**DOCUMENT # F01889**  
 1. Entity Name  
**LAWRENCE BUNIN, P.A.**



Principal Place of Business  
**140 SOUTH UNIVERSITY DR**  
**SUITE C**  
**PLANTATION, FL 33324 US**

Mailing Address  
**140 SOUTH UNIVERSITY DR**  
**SUITE C**  
**PLANTATION, FL 33324 US**



**DO NOT WRITE IN THIS SPACE**

02092004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2031124** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BUNIN, LAWRENCE**  
**140 SOUTH UNIVERSITY DRIVE**  
**PLANTATION, FL 33324**

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

**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	DP
NAME	BUNIN, LAWRENCE
STREET ADDRESS	140 S UNIVERSITY DR SUITE C
CITY-ST-ZIP	PLANTATION, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UD0000106402  
 04/08/04-80013-D22 150.00

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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)(l), 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:** LAWRENCE BUNIN 4/6/04 **954-473-1232**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #