

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000972

FILED
Jan 22, 2004
Secretary of State

Entity Name: WEINSTEIN & ENGLER, CERTIFIED PUBLIC ACCOUNTANTS, P.C.

Current Principal Place of Business:

357 LARKFIED ROAD
EAST NORTHPORT, NY 11731

New Principal Place of Business:

Current Mailing Address:

357 LARKFIED ROAD
EAST NORTHPORT, NY 11731

New Mailing Address:

FEI Number: 11-3252355 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ENGLER, ROBERT A
4176 NW 60TH CIRCLE
BOCA RATON, FL 33496 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: WEINSTEIN, GABRIEL
Address: 357 LARKFIELD ROAD
City-St-Zip: EAST NORTHPORT, NY

Title: VSTD () Delete
Name: ENGLER, ROBERT A
Address: 357 LARKFIELD ROAD
City-St-Zip: EAST NORTHPORT, NY

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT A ENGLER

VP

01/22/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date