

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90017 014 ***150.00

DOCUMENT # F02000003559					
1. Entity Name MAIORINO & WESTON ASSOCIATES, INC.					
Principal Place of Business 4250 GALT OCEAN DRIVE 3U FT LAUDERDALE, FL 33308			Mailing Address 4250 GALT OCEAN DRIVE 3U FT LAUDERDALE, FL 33308		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 13-3182623	
Zip		Country		Zip	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MAIORINO, ROBERT V ✓ 4250 GALT OCEAN DRIVE 5U FT LAUDERDALE, FL 33308				Name <u>Robert V. Maiorino</u> Street Address (P.O. Box Number is Not Acceptable) City _____ FL _____ Zip Code _____	
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: <u>Robert V. Maiorino</u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAIORINO, ROBERT V 4250 GALT OCEAN DR. 3U FT LAUDERDALE, FL 33308	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
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: <u>Robert V. Maiorino</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					

14026187



07082004 Chg-P CR2E034 (10/03)

Applied For
Not Applicable

FL Zip Code

Attachment

14026187

July 8, 2004

Florida Department of State
Division of Corporations

Re: Maiorino & Weston Associates, Inc
F02000003559

I recently received a notice from the Division of Corporation Online that corporation was being administratively dissolved for not filing the annual report. The registered agent did not inform me of the original notice. This letter is to request reinstatement of the above named corporation. A check in the amount of \$ 150.00 is enclosed. I also request that all penalties be waived as the original UBR forms were never received. Your help in this matter is greatly appreciated.

If you have any further questions, please call my Certified Public Accountant and ask to speak to Cindy Hodges. Their number is 954-561-8959.

Thank You,



Robert Maiorino
President