

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # F02000006328

1. Entity Name  
MANDEL & ASSOCIATES, INC.



FILED

04 SEP 30 PM 4: 06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
53 COMMODORE RD.  
CHAPPAQUA, NY 10514

Mailing Address  
53 COMMODORE RD.  
CHAPPAQUA, NY 10514



09152004 No Chg-P CR2E034 (10/03) *SM*

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 56-2302359	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

MANDEL, BRUCE  
C/O JEROME MANDEL  
1576 MISTY LANE DR  
ORANGE PARK, FL 32003

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

FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution.  **\$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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPS MANDEL, BRUCE 53 COMMODORE RD. CHAPPAQUA, NY 10514
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800041571478  
10/04/04--01043--002 \*\*150.00

**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: *Bruce Mandel* BRUCE MANDEL 13 SEP 04 914-741-0662  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #