


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 02, 2004 8:00 am**  
**Secretary of State**

04-02-2004 90072 012 \*\*\*150.00

<b>DOCUMENT # F03000000126</b>			
1. Entity Name <b>S.W. BACH &amp; COMPANY</b>			
Principal Place of Business <b>301 YAMATO RD., STE. 4199 3150 BOCA RATON FL 33431</b>		Mailing Address <b>TWO EXPRESSWAY PLAZA, STE. 200 ROSLYN HEIGHTS NY 11577</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

24033789



MOORE CR2E034 (11/03)

4. FEI Number <b>58-2321212</b>		Applied For <input type="checkbox"/> 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 <b>GREENBERG, BENJAMIN 301 YAMATO RD., STE. 4199 BOCA RATON FL 33431</b>		7. Name and Address of New Registered Agent	
		Name <b>Ed Kiss</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>301 YAMATO Road Suite 3150</b>	
		City <b>BOCA RATON</b>	FL Zip Code <b>33431</b>

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 *Edward Kiss* DATE 3/26/04

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

<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
-----------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP D'AVANZO, GEORGE <input checked="" type="checkbox"/> Delete 2 EXPRESSWAY PLAZA, STE. 200 ROSLYN HEIGHTS NY 11577	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Catalano Jr, Peter R. 2 Expressway Plaza, Ste 200 Roslyn Heights, NY 11577
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST <input type="checkbox"/> Delete SHAPIRO, SCOTT 2 EXPRESSWAY PLAZA, STE. 200 ROSLYN HEIGHTS NY 11577	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <del>LERMAN, GREG</del> 2 EXPRESSWAY PLAZA, STE. 200 ROSLYN HEIGHTS NY 11577	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete SAKOL, DANIEL 2 EXPRESSWAY PLAZA, STE. 200 ROSLYN HEIGHTS NY 11577	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Peter R. Catalano Jr* DATE: 3/26/04 DAYTIME PHONE #: (566) 953-8025

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR