2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # F38368

1. Entity Name

BERNARD B. WEINTRAUB, C.P.A., P.A.



Principal Place of Business

1320 S. DIXIE HWY SUITE 750 CORAL GABLES, FL 33146-2938 US

Mailing Address

1320 S. DIXIE HWY

SUITE 750

CORAL GABLES, FL 33146-2938 US

FILED Jan 28, 2004 08:00 AM Secretary of State



01242004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-2107582

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEINTRAUB, BERNARD B 1320 S. DIXIÉ HWY #750 CORAL GABLES, FL 33134

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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	i poniconte MOTE Senistered Lo	ent sinnature	required when reinstating)	DATE
	Signature, upper or printed rearra or registered again and use	Replication (NOTE, registres Ag	em aignotors	required a source state of the	Brits.
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		 Election Campaign Financin Trust Fund Contribution. 	e 🗆	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE HAME STREET ADDRESS CITY-ST-ZIP	DP WEINTRAUB, BERNARD B 1320 S. DIXIE HWY ,STE. 750 CORAL GABLES, FL 33146				U00000019293 01/29/04-80020-005 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-DP			IN THIS SPACE		
NAME STREET ADDRESS CITY-ST-ZIP	·				
STRE					

12. I hereby certify that the information supplied with this filling 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 cath; 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.

BELINTIA US

NAME STREET ADDRESS CITY-ST-ZIP