## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## Mar 02, 2004 8:00 am Secretary of State DOCUMENT # F52672 1. Entity Name 03-02-2004 90009 012 \*\*\*150.00 GEORGE C. TULIN, P.A. Principal Place of Business Mailing Address 14736 SW 54 TERRACE 14736 SW 54 TERRACE MIAMI FL 33185 MIAMI FL 33185 2. Principal Place of Business 3. Mailing Address 14736 S.W. SYTERRACE 14736 S.W. SY TERRACE Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 59-2156901 MIAMI MIAMI Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 33185 454 Fee Required 454 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TULIN, GEORGE C. 9400 S. DADELAND BLVD #104 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33156** <del>33185</del> 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. 2/26/04 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE PD ☐ Delete TITLE ☐ Addition NAME TULIN, GEORGE C NAME STREET ADDRESS 9400 S DADELAND BL 104 STREET ADDRESS MIAMI, FLORIDA 33156 CITY-ST-7IP CITY-ST-7IP Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

FILED