2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Sec. 5

LITMAN, NEAL S.

2900 SW 28TH TERRACE

DOCUMENT # F54849 1. Entity Name NEAL S. LITMAN, P.A. Principal Place of Business Mailing Address 2900 SW 28TH TERRACE 2900 SW 28TH TERRACE 2ND FLOOR 2ND FLOOR MIAMI, FL 33133 US MIAMI, FL 33133 US DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 27, 2004 8:00 am Secretary of State

04-27-2004 90065 005 ***150.00

U00100E

CR2E034 (10/03) 04212004 No Chg-P

4. FEI Number	Applied For	
59-2174780	 Not Applicabl	
5. Certificate of Status Desired	\$8.75 Additional Fee Required	

DO NOT WRITE

2ND FLOO MIAMI, FL				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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	 Election Campaign Finance Trust Fund Contribution. 	ing	\$5.00 May Be Added to Fees	<i>i</i> .		
10.	OFFICERS AND DIREC	CTORS			· · · · · · · · · · · · · · · · · · ·		
TITLE NAME , : STREET ADDRESS CITY-ST-ZIP	PSD LITMAN, NEAL S. 2900 SW 28TH TERRACE, 2ND FLOO MIAMI, FL 33133	DR					
NAME STREET ADDRESS CITY-ST-ZIP) - 1145 - 1176		DO NOT WRITE IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS 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 changed, or on an attachment with an address, with all time r like empowered.							