



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2004 8:00 am**  
**Secretary of State**

01-23-2004 90040 041 \*\*\*150.00

<b>DOCUMENT # F60958</b> 1. Entity Name <b>GEORGE M. NACHWALTER, P.A.</b>					
Principal Place of Business <b>9552 S.W. 148TH AVE CIR N. MIAMI, FL 33196 US</b>			Mailing Address <b>9552 S.W. 148TH AVE CIR N. MIAMI, FL 33196 US</b>		
2. Principal Place of Business <b>11420 SW 109th Road</b>		3. Mailing Address <b>11420 SW 109th Road</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Miami, FL</b>		City & State <b>Miami, FL</b>		4. FEI Number <b>59-2152062</b>	
Zip <b>33176</b>		Country <b>Miami-Dade</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33176</b>		Country <b>Miami-Dade</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>NACHWALTER, GEORGE M 9552 S.W. 148TH AVE CIR N. MIAMI, FL 33196</b>			7. Name and Address of New Registered Agent Name <b>Nachwalter, George M</b> Street Address (P.O. Box Number is Not Acceptable) <b>11420 SW 109th Road</b> City <b>Miami, FL</b> Zip Code <b>33176</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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>NACHWALTER (GEORGE M.) 9552 SW 148TH AVE CIRCLE N MIAMI, FL 33196</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>Nachwalter, George M. 11420 SW 109th Road Miami, FL 33176</b> <input checked="" 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		
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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.					
<b>SIGNATURE:</b> 		<b>Jan. 20, 2004 305-598-0050</b> <small>Date Daytime Phone #</small>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					