

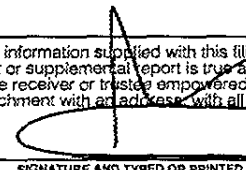


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # F79670 1. Entity Name MILLER & PONN, P.A.			
Principal Place of Business 1525 N PARK DRIVE STE 102 WESTON, FL 33326		Mailing Address 1525 N PARK DRIVE STE 102 WESTON, FL 33326	
DO NOT WRITE IN THIS SPACE			
		01292004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2189046	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent PONN, DENNIS 1525 N PARK DRIVE STE 102 WESTON, FL 33326		DO NOT WRITE 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U00000028506 02/04/04-80029-003 150.00 DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD PONN, ENID MILLER 1525 N PARK DRIVE STE 102 WESTON, FL 33326		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PONN, DENNIS 1525 N PARK DRIVE STE 102 WESTON, FL 33326		
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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)(b), 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:  Dennis Ponn		1/29/04	954-349-6484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #