



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2004 8:00 am
Secretary of State

07-16-2004 90007 005 ***150.00

DOCUMENT # F93000003767					
1. Entity Name MELITO & ADOLFSEN P.C.					
Principal Place of Business 233 BROADWAY NEW YORK, NY 10279-0118		Mailing Address 233 BROADWAY NEW YORK, NY 10279-0118		<p style="font-size: 24pt; text-align: center;">54062696</p> 	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	07012004 Chg-P CR2E034 (10/03) 4. FEI Number 13-2668916 <input type="checkbox"/> 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				7. Name and Address of New Registered Agent	
FISCHER, BRADLEY S 900 SE 3RD AVE 203 FORT LAUDERDALE, FL 33316				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DVPS	<input type="checkbox"/> Delete	TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADOLFSEN, LOUIS G		NAME	FISCHER, BRADLEY S	
STREET ADDRESS	233 BROADWAY		STREET ADDRESS	900 SE 3RD AVENUE, SUITE 203	
CITY-ST-ZIP	NEW YORK, NY 10279		CITY-ST-ZIP	FT. LAUDERDALE, FL 33316	
TITLE	DP	<input type="checkbox"/> Delete	TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MELITO, IGNATIUS J		NAME	ADAMS, STEVEN G.	
STREET ADDRESS	233 BROADWAY		STREET ADDRESS	233 BROADWAY	
CITY-ST-ZIP	NEW YORK, NY		CITY-ST-ZIP	NEW YORK, NY 10279	
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOMOZA, JOHN H.		NAME	LEWBEL, STEVEN, I.	
STREET ADDRESS	233 BROADWAY		STREET ADDRESS	233 BROADWAY	
CITY-ST-ZIP	NEW YORK, NY		CITY-ST-ZIP	NEW YORK, NY 10279	
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POLLACK, DAVID M.		NAME	RYCHIK, ABE, M.	
STREET ADDRESS	233 BROADWAY		STREET ADDRESS	233 BROADWAY	
CITY-ST-ZIP	NEW YORK, NY		CITY-ST-ZIP	NEW YORK, NY 10279	
TITLE	DVP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALSH, ROBERT F.		NAME		
STREET ADDRESS	233 BROADWAY		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY		CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEPHENS, S. DWIGHT		NAME		
STREET ADDRESS	233 BROADWAY		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY		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 other like empowered.					
SIGNATURE: _____			President <i>7/12/04</i>		Date <i>7/12/04</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #