

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # G09844

1. Entity Name
FLORIDA REPORTING SERVICE, INC.



Principal Place of Business

320 SE 9TH ST.
SUITE 5
FT. LAUDERDALE, FL 33316 US

Mailing Address

320 S.E. 9TH ST.
SUITE 5
FT. LAUDERDALE, FL 33316 US



04032004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0088807

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WALLACH, LAVELLE
320 S.E. 9TH ST.
FT. LAUDERDALE, FL 33316

**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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
DPS
WALLACH, LAVELLE
STREET ADDRESS
320 S.E. 9TH ST. SUITE 5
CITY - ST - ZIP
FORT LAUDERDALE, FL 33316

TITLE
NAME
VD
WALLACH, HARVEY J
STREET ADDRESS
320 SE 9TH ST
CITY - ST - ZIP
FORT LAUDERDALE, FL 33316

TITLE
NAME
TV
HAUSS, TANYA L
STREET ADDRESS
320 SE 9 STREET
CITY - ST - ZIP
FORT LAUDERDALE, FL 33316

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000110893
04/12/04-80093-015 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAVELLE WALLACH

4-9-04 954-764-4160
Date Daytime Phone #