


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # G31503
 1. Entity Name
 STEVE MOGULL & ASSOCIATES, INC.



Principal Place of Business: 288 NORTHWEST 95 AVENUE, PLANTATION, FL 33324-7229
 Mailing Address: 288 NORTHWEST 95 AVENUE, PLANTATION, FL 33324

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01072005 No Chg-P CR2E034 (10/03)

4. FEI Number: 59-2288116 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MOGULL, STEVE A.
 288 NORTHWEST 95 AVENUE
 PLANTATION, FL 33324

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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
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|-----------------|-------------------------|
| TITLE | PD |
| NAME | MOGULL, STEVE A |
| STREET ADDRESS | 288 NORTHWEST 95 AVENUE |
| CITY - ST - ZIP | PLANTATION, FL 33324 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
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| NAME | |
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| STREET ADDRESS | |
| CITY - ST - ZIP | |

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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, or other like empowered.

SIGNATURE: _____ (Signature of Steve A. Mogull)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 01-12-05 Daytime Phone #: 954.431.0855