

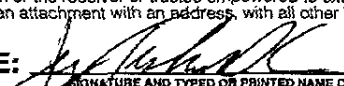


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G38231</b> 1. Entity Name <b>TISHMAN &amp; TISHMAN, P.A.</b>			
Principal Place of Business <b>% JERRY TISHMAN 8177 WEST GLADES ROAD, SUITE 24 BOCA RATON, FL 33434</b>		Mailing Address <b>% JERRY TISHMAN 8177 WEST GLADES ROAD, SUITE 24 BOCA RATON, FL 33434</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		04022004 No Chg-P CR2E034 (10/03)	
		4. FEI Number <b>59-2300148</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>TISHMAN, JERRY 8177 WEST GLADES ROAD, SUITE 24 BOCA RATON, FL 33434</b>		<b>DO NOT WRITE IN THIS SPACE</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 re-instating) _____ 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		000000122006 04/21/04-80011-022 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TISHMAN, JERRY 8177 W GLADES RD, #24 BOCA RATON, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS TISHMAN, CONSTANCE E. 8177 W GLADES RD, #24 BOCA RATON, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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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)(f), 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:  <b>Jerry Tishman, P.C.</b>		4/20/04 561 487-7200	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	