2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2004
Secretary of State

DOCUMENT# G45251

Entity Name: HAROLD CHOPP, P.A.

Current Principal Place of Business:

200 S. BISCAYNE BLVD.
SUITE 4950
MIAMI, FL 33131 US

New Principal Place of Business:

200 S. BISCAYNE BLVD.
SUITE 4440
MIAMI, FL 33131 US

Current Mailing Address:

200 S. BISCAYNE BLVD
SUITE 4950
MIAMI, FL 33131 US

New Mailing Address:

200 S. BISCAYNE BLVD
SUITE 4440
MIAMI, FL 33131 US

FEI Number: 59-1498049 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHOPP, HAROLD
200 SOUTH BISCAYNE BOULEVARD
SUITE 4950
MIAMI, FL 33131

Name and Address of New Registered Agent:

CHOPP, HAROLD
200 SOUTH BISCAYNE BOULEVARD
SUITE 4440
MIAMI, FL 33131

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.

SIGNATURE: 01/05/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: CHOPP, HAROLD,
Address: 200 S BISCYN BLVD #4950
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: CHOPP, HAROLD,
Address: 200 S BISCYN BLVD #4440
City-St-Zip: MIAMI, FL 33131 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAROLD CHOPP DP 01/05/2004
Electronic Signature of Signing Officer or Director — Date