
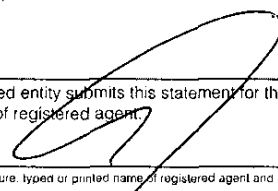
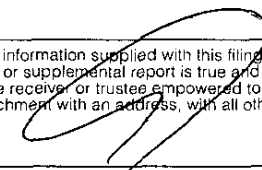


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90076 005 \*\*\*150.00

<b>DOCUMENT # G66107</b> 1. Entity Name <b>POPKIN &amp; SHURPIN, P.A.</b>					
Principal Place of Business: <b>% EDWARD D. POPKIN</b> <b>2499 GLADES ROAD, STE. 114</b> <b>BOCA RATON, FL 33431</b>			Mailing Address: <b>% EDWARD D. POPKIN</b> <b>2499 GLADES ROAD, STE. 114</b> <b>BOCA RATON, FL 33431</b>		
2. Principal Place of Business <b>5355 Town Center Rd</b> Suite, Apt. #, etc. <b>Suite 801</b> City & State <b>Boca Raton FL</b> Zip <b>33486</b>		3. Mailing Address <b>5355 Town Center Rd</b> Suite, Apt. #, etc. <b>Suite 801</b> City & State <b>Boca Raton FL</b> Zip <b>33486</b>		02232004    Chg-P    CR2E034 (10/03) 4. FEI Number <b>59-2333571</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent  <b>POPKIN, EDWARD D.</b> <b>2499 GLADES ROAD, STE. 114</b> <b>BOCA RATON, FL 33431</b>			7. Name and Address of New Registered Agent Name <b>SAME</b> Street Address (P.O. Box Number is Not Acceptable) <b>5355 Town Center Rd</b> <b>Suite 801</b> City <b>Boca Raton</b> <b>FL</b> Zip Code <b>33486</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 		<b>Edward D. Popkin</b>		<b>3-25-04</b> <small>DATE</small>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP POPKIN, EDWARD D 2499 GLADES RD, #114 BOCA RATON, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	5355 Town Center Rd, Suite 801 Boca Raton, FL 33486	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 		<b>Edward D. Popkin</b>		<b>3-25-04</b> <b>561-394-8333</b> <small>Date                      Daytime Phone #</small>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	