


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90013 014 ***150.00

DOCUMENT # G96869 1. Entity Name MARTIN W. WASSERMAN, P.A.					
Principal Place of Business 2363 NORTH MERIDIAN AVENUE MIAMI BEACH, FL 33140			Mailing Address 2363 NORTH MERIDIAN AVENUE MIAMI BEACH, FL 33140		
2. Principal Place of Business 960-41st STREET		3. Mailing Address Suite, Apt. #, etc. # 206			
City & State MIAMI BEACH, FL		City & State City & State		4. FEI Number 59-2403330	
Zip 33140		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WASSERMAN, MARTIN W., ESQUIRE 2363 NORTH MERIDIAN AVENUE MIAMI BEACH, FL 33140				7. Name and Address of New Registered Agent Name WASSERMAN, MARTIN W., ESQ Street Address (P.O. Box Number is Not Acceptable) 960-41st STREET #206 City MIAMI BEACH FL Zip Code 33140	
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 <u><i>Martin W. Wasserman</i></u> (MARTIN W. WASSERMAN) 02/21/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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 WASSERMAN, MARTIN W. 2363 N. MERIDIAN AVENUE MIAMI, FL	<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	SVP WASSERMAN, DEBORAH Z 2363 NORTH MERIDIAN AVE MIAMI BEACH, FL 33140	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WASSERMAN, SETH A 2363 NORTH MERIDIAN AVE MIAMI BEACH, FL 33140 <input type="checkbox"/> Change <input checked="" 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: <u><i>Martin W. Wasserman, Jr</i></u> (MARTIN W. WASSERMAN, JR)			Date <u>02/21/04</u> Daytime Phone # <u>305-672-2323</u>		

94024237



02212004 Chg-P CR2E034 (10/03)

Applied For
Not Applicable