




**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 07, 2004 08:00 AM
Secretary of State

DOCUMENT # H21720 1. Entity Name STUART I. LEVIN, P.A.			
Principal Place of Business 200 SO. BISCAYNE BLVD. SUITE 2930 MIAMI, FL 33131-2320 US		Mailing Address 200 SO. BISCAYNE BLVD. SUITE 2930 MIAMI, FL 33131-2320 US	
DO NOT WRITE IN THIS SPACE			
		 01052004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2515355	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEVIN, STUART I. 200 SO. BISCAYNE BLVD. SUITE 2930 MIAMI, FL 33131		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</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			
TITLE NAME STREET ADDRESS CITY, ST, ZIP	DP LEVIN, STUART I. 200 SO. BISCAYNE BLVD SUITE 2930 MIAMI, FL	 DO NOT WRITE IN THIS SPACE	
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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 with all other like empowered.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1/05/04 (305) 372-9111 Date Daytime Phone #	