## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # H31251**

1. Entity Name JOEL M. GAULKIN, P.A.

FILED Apr 30, 2004 08:00 AM Secretary of State

Principal Place of Business

1320 S. DIXIE HWY. PH SUITE 1275 CORAL GABLES, FL 33146 L Mailing Address

1320 S. DIXIE HWY. PH SUITE 1275

CORAL GABLES, FL 33146 US



04282004

No Chg-P

CR2E034 (10/03)

FEI Number
 59-2492459

Applied Fo

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

GAULKIN, JOEL 1320 S. DIXIE HWY. SUITE 1275 CORAL GABLES, FL 33146

## 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. Tam familiar with and a the obligations of registered agent.					
SIGNATURE Signature, typed or printed name of registered agent and utile if applicable (NOTE Registered Agent signature required when reinstating)  DATE					
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financ     Trust Fund Contribution	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
NAME STREET ADDRESS CITY-ST-ZIP	DP GAULKIN, JOEL M. 1320 S. DIXIE HWY. PH SUITE 1275 CORAL, FL 33146	5		દે <sup>રી</sup> ખે	ujajabigaszarg 36/34-86/32-825/150/63
TITLE NAME STREET ADDRESS CITY+ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					

12. Thereby 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 directly 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

alm III

4-29-04