

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # H40617
 1. Entity Name
 SACHS, SAX & KLEIN, P.A.



Principal Place of Business SUITE 4150, ARBERN FINANCIAL CENTRE 301 YAMATO ROAD BOCA RATON, FL 33431-0037 US	Mailing Address 301 YAMATO RD NORTHERN TRUST PLAZA, SUITE 4150 BOCA RATON, FL 33431-0037 US
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07062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2486844	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SACHS, PETER S.
 301 YAMATO RD 4150
 BOCA RATON, FL 33431

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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 _____ DATE _____
Signature, word or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT SACHS, PETER S. 301 YAMATO RD 4150 BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP SAX, SPENCER M. 301 YAMATO RD 4150 BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP RONALD KLEIN 301 YAMATO RD 4150 BOCA RATON, FL
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 07/30/04-80002-002 550.00

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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)(b), 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]* **7/21/04** 561 998-4493
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #