

**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**



07062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2486844**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SACHS, PETER S.  
301 YAMATO RD 4150  
BOCA RATON, FL 33431**

**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 \_\_\_\_\_

**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	PT
NAME	SACHS, PETER S.
STREET ADDRESS	301 YAMATO RD 4150
CITY - ST - ZIP	BOCA RATON, FL
TITLE	SVP
NAME	SAX, SPENCER M.
STREET ADDRESS	301 YAMATO RD 4150
CITY - ST - ZIP	BOCA RATON, FL
TITLE	VP
NAME	RONALD KLEIN
STREET ADDRESS	301 YAMATO RD 4150
CITY - ST - ZIP	BOCA RATON, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1000000168861  
07/30/04-80002-002 550.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

7/31/04 561 998-4493  
Date Daytime Phone #