

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H53447

FILED
Apr 26, 2004
Secretary of State

Entity Name: TAPLIN, CANIDA & HABACHT, INC.

Current Principal Place of Business:

1001 BRICKELL BAY DR.
2100
MIAMI, FL 33131 US

New Principal Place of Business:

Current Mailing Address:

1001 BRICKELL BAY DR.
2100
MIAMI, FL 33131 US

New Mailing Address:

FEI Number: 59-2526132 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALVAREZ, PEDRO A., ESQUIRE
4750 SOUTHEAST FINANCIAL CENTER
200 SOUTH BISCAYNE BOULEVARD
MIAMI, FL 33131

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DST () Delete
Name: CANIDA, WILLIAM J.,
Address: 1001 BRICKELL BAY DR. 2100
City-St-Zip: MIAMI, FL

Title: DMP () Delete
Name: CANIDA, TERE ALVAREZ
Address: 1001 BRICKELL BAY DR. 2100
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: HABACHT, ALAN M.,
Address: 1001 BRICKELL BAY DR. 2100
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: LONDON, VICTORIA
Address: 1001 BRICKELL BAY DR. 2100
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HABACHT, ALAN M
Address: 1001 BRICKELL BAY DR. 2100
City-St-Zip: MIAMI, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERE ALVAREZ CANIDA

DMP

04/26/2004

Electronic Signature of Signing Officer or Director

_____ Date