


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # H66307
 1. Entity Name
 GROSSMAN AND ROTH, P.A.



Principal Place of Business % NEAL A. ROTH 2665 SOUTH BAYSHORE DRIVE MIAMI, FL 33133-5401	Mailing Address % NEAL A. ROTH 2665 SOUTH BAYSHORE DRIVE MIAMI, FL 33133-5401
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01262004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2560342	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
 ROTH, NEAL A.
 2665 SOUTH BAYSHORE DRIVE
 MIAMI, FL 33133

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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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROTH, NEAL A. 2665 SOUTH BAYSHORE DR MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GROSSMAN, STUART Z. 2665 SOUTH BAYSHORE DR MIAMI, FL
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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)(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: Neal A. Roth NEAL A. ROTH 1/29/04 (305) 442-8666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #