


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H66440</b> 1. Entity Name <b>KAUFMAN DICKSTEIN &amp; GRUNSPAN P.A.</b>	
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Principal Place of Business <b>% EDWARD A. KAUFMAN 200 SOUTH BISCAYNE BLVD., SUITE #4650 MIAMI, FL 33131-2354 US</b>	Mailing Address <b>% EDWARD A. KAUFMAN 200 SOUTH BISCAYNE BLVD., SUITE #4650 MIAMI, FL 33131-2354 US</b>
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01262004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2552224</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>KAUFMAN, EDWARD A 200 SOUTH BISCAYNE BLVD., SUITE #4650 MIAMI, FL 33131</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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	PD KAUFMAN, EDWARD A 200 S BISCAYNE BLVD 4650 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRUNSPAN, ALAN M 200 S BISCAYNE BLVD 4650 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DICKSTEIN, JEFFREY W 200 S BISCAYNE BLVD 4650 MIAMI, FL 33131
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000000023013  
02/02/04-80009-006 150.00

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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)(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:**  **[EDWARD A. KAUFMAN]** **1-2804 (305) 372-5200**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #