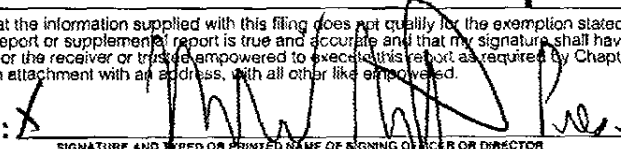


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 21, 2004 08:00 AM
Secretary of State

DOCUMENT # H80525		
1. Entity Name MOSKOWITZ, MANDELL, SALIM & SIMOWITZ, P.A.		
Principal Place of Business 800 CORPORATE DR SUITE 510 FT. LAUDERDALE, FL 33334 US		Mailing Address 800 CORPORATE DR SUITE 510 FT. LAUDERDALE, FL 33334 US
DO NOT WRITE IN THIS SPACE		
		01052004 No Chg-P CR2E034 (10/03)
4. FEI Number 59-2588564		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MOSKOWITZ, MICHAEL W. 800 CORPORATE DRIVE SUITE 510 FT. LAUDERDALE, FL 33334		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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retreating) 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	DP MOSKOWITZ, MICHAEL W. 800 CORPORATE DR, STE 510 FT. LAUDERDALE, FL 33334	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS MANDELL, CRAIG J 800 CORPORATE DR, STE 510 FT. LAUDERDALE, FL 33334	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT SALIM, WILLIAM G JR 800 CORPORATE DR, STE 510 FT. LAUDERDALE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SIMOWITZ, SCOTT E 800 CORPORATE DR, STE. 510 FT LAUDERDALE, FL 33334	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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: 		1/16/04 954-491-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #