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	Mailing Address
800 CORPORATE DR SUITE 510 FT. LAUDERDALE, FL 33334 US	800 CORPORATE DR SUITE 510 FT. LAUDERDALE, FL 33334 US

01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

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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. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MOSKOWITZ, MICHAEL W.
STREET ADDRESS	800 CORPORATE DR, STE 510
CITY-ST-ZIP	FT. LAUDERDALE, FL 33334
TITLE	DVS
NAME	MANDELL, CRAIG J
STREET ADDRESS	800 CORPORATE DR, STE 510
CITY-ST-ZIP	FT. LAUDERDALE, FL 33334
TITLE	DVT
NAME	SALIM, WILLIAM G JR
STREET ADDRESS	800 CORPORATE DR, STE 510
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	DV
NAME	SIMOWITZ, SCOTT E
STREET ADDRESS	800 CORPORATE DR. STE. 510
CITY-ST-ZIP	FT LAUDERDALE, FL 33334
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/21/04-80011-003 150.00

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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)(i), 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: X _____ 1/16/04 954-491-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #