


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # H90949	
1. Entity Name LAVIN & ASSOCIATES, INC.	

Principal Place of Business 103 SANTANDER AVE. CORAL GABLES, FL 33134	Mailing Address 103 SANTANDER AVE. CORAL GABLES, FL 33134
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DO NOT WRITE IN THIS SPACE



04072004 No Chg-P CR2E034 (10/03)

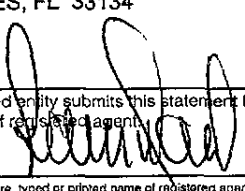
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAVIN, RAMON
1730 FERDINAND AVE.
CORAL GABLES, FL 33134

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  RAMON LAVIN 04/24/04

(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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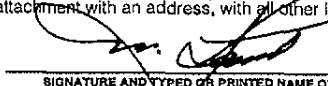
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAVIN, MICHAEL G. 103 SANTANDER AVE. CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAVIN, CHARLES E. 103 SANTANDER AVE. CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LAVIN, ADELE V. 103 SANTANDER AVE. CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAOUL, LAVIN A. 1608 REDWOOD DR. TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAVIN, GEORGE A. 103 SANTANDER AVE. CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAVIN, RALPH A. 103 SANTANDER AVE. CORAL GABLES, FL 33134

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04/26/04-80098-014 150.00

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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)(l), 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:  MICHAEL G. LAVIN 04-17-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #