

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90051 020 \*\*\*150.00

**DOCUMENT # J11794**

1. Entity Name  
**LLOYD M. ROUTMAN, P.A.**



Principal Place of Business  
**% LLOYD M. ROUTMAN  
700 NE 90TH ST  
MIAMI SHORES, FL 33138 US**

Mailing Address  
**% LLOYD M. ROUTMAN  
700 NE 90TH ST  
MIAMI, FL 33138**

2. Principal Place of Business  
**1761 Hillsboro Boulevard  
Suite, Apt. #, etc.  
Suite 202**

3. Mailing Address  
**11098 Biscayne Boulevard  
Suite, Apt. #, etc.  
Suite 100**

City & State  
**Deerfield Beach, FL 33442**

City & State  
**North Miami, FL 33161**

Zip  
**33442**

Country  
**USA**

Zip  
**33161**

Country  
**USA**

6. Name and Address of Current Registered Agent  
**ROUTMAN, LLOYD M.  
700 NE 90TH ST  
MIAMI, FL 33138**

7. Name and Address of New Registered Agent  
Name  
**LLOYD M. ROUTMAN**  
Street Address (P.O. Box Number is Not Acceptable)  
**1761 Hillsboro Boulevard**  
Suite 202  
City  
**Deerfield Beach** **FL** Zip Code  
**33442**

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 **LLOYD M. ROUTMAN** DATE **1/16/04**

9. Election Campaign Financing  
Trust Fund Contribution: ☐ **\$5.00 May Be Added to Fees**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PD</b>	<input type="checkbox"/> Delete	TITLE <b>ROUTMAN, LLOYD M.</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ROUTMAN, LLOYD M.</b>		NAME <b>ROUTMAN, LLOYD M.</b>	
STREET ADDRESS <b>11098 BISCAYNE BLVD., SUITE 100</b>		STREET ADDRESS <b>11098 BISCAYNE BLVD., SUITE 100</b>	
CITY-ST-ZIP <b>MIAMI, FL 33138</b>		CITY-ST-ZIP <b>MIAMI, FL 33138</b>	
TITLE <b></b>	<input type="checkbox"/> Delete	TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>		NAME <b></b>	
STREET ADDRESS <b></b>		STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>		CITY-ST-ZIP <b></b>	
TITLE <b></b>	<input type="checkbox"/> Delete	TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>		NAME <b></b>	
STREET ADDRESS <b></b>		STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>		CITY-ST-ZIP <b></b>	
TITLE <b></b>	<input type="checkbox"/> Delete	TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>		NAME <b></b>	
STREET ADDRESS <b></b>		STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>		CITY-ST-ZIP <b></b>	
TITLE <b></b>	<input type="checkbox"/> Delete	TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>		NAME <b></b>	
STREET ADDRESS <b></b>		STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>		CITY-ST-ZIP <b></b>	

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: **LLOYD M. ROUTMAN** DATE: **1/16/04** DAYTIME PHONE #: **954-425-7700**