

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 04, 2004 8:00 am**  
**Secretary of State**

06-04-2004 90004 032 \*\*\*150.00

**DOCUMENT # J81035**

1. Entity Name  
**COMPUTER LETTERING CO., INC.**



Principal Place of Business

535 S. FLAGLER AVE  
POMPANO BEACH, FL 33060

Mailing Address

535 S. FLAGLER AVE  
POMPANO BEACH, FL 33060

04000703



05312004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0032088**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STUART S. CHERNOFF  
23027 SUNFIELD DR.  
BOCA RATON, FL 33433

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CHERNOFF, STUART S.
STREET ADDRESS	23027 SUNFIELD DR.
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	V
NAME	CHERNOFF, MICHAEL H.
STREET ADDRESS	167 YACHT CLUB WAY, #108
CITY-ST-ZIP	HYPOLUXO, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stuart S. Chernoff Pres

Date

6/1/04

Daytime Phone #

954-270-0103