2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # J90103

1. Entity Name

N. SANDY KONIGSBERG P.A.



Mailing Address

% N. SANDY KONIGSBERG 3300 UNIVERSITY DR, #311 CORAL SPRINGS, FL 33065

Principal Place of Business

% N. SANDY KONIGSBERG 3300 UNIVERSITY DR, #311 CORAL SPRINGS, FL 33065

FILED May 10, 2004 08:00 AM Secretary of State



05062004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0031697 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KONIGSBERG, N SANDY ESQ 3300 UNIVERSITY DR, #311 CORAL SPRINGS, FL 33065

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CORAL SPRINGS, FL 33065				IN THIS SPACE			
	named entity submits this statement for thions of registered agent.	e purpose of changing its registe	l ered office or r	egistered agent, or bo	ith, in the State of Florida. I am familiar wit	h, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and t	itle il applicable. (NOTE: Registe	red Agent signature	required when reinstating)	DATE		
	LE NOWIII FEE IS \$550.00 ue by September 8, 2004	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		00000159081			
10.	OFFICERS AND DIF	ECTORS	T	,	05/10/04-80015-018 19	ת חח	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KONIGSBERG, N. SANDY 3300 UNIVERSITY DR, #311 CORAL SPRINGS, FL 33065				53, 10, 04 66013 010 f.	JU.UU	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE							

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12. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS

City-St-ZiP

HITLE
MAME
STREET ADDRESS
CITY-ST-ZIP
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NAME
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CITY-ST-ZIP

HATCHE AND TYPED OR PRINTED IN ME OF SIGNAL OFFICER OP DIRECTOR

5/5/04 954/341-7244