2004 FOR PROFIT CORPORATION

## **FILED ANNUAL REPORT (AR)** Jan 28, 2004 08:00 AM DOCUMENT # K08888 **Secretary of State** 1. Entity Name SALOMON, KANNER, DAMIAN & RODRIGUEZ, P.A. Principal Place of Business Mailing Address SALOMON, KANNER, DAMIAN & RODRIGUEZ, 80 S.W. 8TH STREET, SUITE 2550 MIAMI FL 33130 SALOMON, KANNER, DAMIAN & RODRIGUEZ, 80 S.W. 8TH STREET, SUITE 2550 MIAMI FL 33130 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 65-0015784 Not Applicable Ζφ \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEWIS M. KANNER & VINCENT E. DAMIAN, JR. Street Address (P.O. Box Number is Not Acceptable) 80 SW 8TH STREET SUITE 2550 MIAMI FL 33130 Zip Code 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 (NOTE Registered Agent signature required when reinstating) Signature, typod or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change Addition TITLE ם ☐ Delete TITLE U00000015807 NAME KANNER, LEWIS M NAME 01/28/04-80030-001 150.00 STREET ADDRESS STREET ADDRESS 80 S.W. 8TH ST, STE 2550 MIAMI FL CITY-SI-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete HILE TITLE DAMIAN, VINCENT E., JR. NAME NAME 80 S.W. 8TH ST. STE 2550 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete MAME RODRIGUEZ, JUAN E. NAME STREET ADDRESS STREET ADDRESS 80 S.E. 8TH ST. STE 2550 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition Deiete TITLE TIME NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete Change | ☐ Addition Tiffi F THE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. Thereby 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.

CITY-ST-ZIP

SIGNATURE:

CHY-ST-ZIP

REPORTS
MED NAME OF SIGNING OFFICER OR DIRECTOR

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Date Daytime Prone H