

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2004 08:00 AM
Secretary of State

DOCUMENT # K09909	
1. Entity Name PERTNOY, SOLOWSKY & ALLEN, P.A.	

Principal Place of Business 150 W FLAGLER ST STE. 2000, MUSEUM TOWER MIAMI FL 33130 US	Mailing Address 150 W FLAGLER ST STE. 2000, MUSEUM TOWER MIAMI FL 33130 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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ALLEN, RICHARD 150 W FLAGLER ST STE. 2000, MUSEUM TOWER MIAMI FL 33130	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL Zip Code	

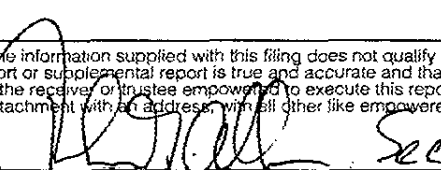
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ALLEN, RICHARD 150 W FLAGLER ST, STE. 2000 MIAMI FL 33130	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition UU0000025519 02/02/04-80108-022 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete PD PERTNOY, SIDNEY M. 150 W FLAGLER ST MSM TWR #2000 MIAMI FL 33130	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete VD SOLOWSKY, JAY H. 150 W FLAGLER ST MSM TWR #2000 MIAMI FL 33130	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete D ALLEN, RICHARD 150 W FLAGLER ST MSM TWR #2000 MIAMI FL 33130	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

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:  **Sec.** 1/27/04 305371-2223

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