


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90017 019 ***150.00

DOCUMENT # K46826	
1. Entity Name RICCI * LEOPOLD, P.A.	

Principal Place of Business 1645 PALM BEACH LAKES BLVD., STE. #250 P.O. BOX 2946 W. PALM BEACH, FL 33402	Mailing Address 1645 PALM BEACH LAKES BLVD., STE. #250 P.O. BOX 2946 W. PALM BEACH, FL 33402
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54007632



2. Principal Place of Business 2925 PGA Boulevard Suite, Apt. #, etc. Suite 200	3. Mailing Address 2925 PGA Boulevard Suite, Apt. #, etc. Suite 200
City & State Palm Beach Gardens, FL	City & State Palm Beach Gardens, FL
Zip 33410	Country USA

01082004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0089673	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RICCI, EDWARD M 1645 PALM BEACH LAKES BLVD. SUITE 250 WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2925 PGA Boulevard, Suite 200 City Palm Beach Gardens FL Zip Code 33410

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 _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD RICCI, EDWARD 1645 PALM BEACH LAKES BLVD., STE. S250 WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD Ricci, Edward 2925 PGA Boulevard, Suite 200 Palm Beach Gardens, FL 33410 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 2-12-04	Daytime Phone # 561 684-6400
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