

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K47699

FILED
Apr 16, 2004
Secretary of State

Entity Name: FREEMAN AND FREEMAN, D.C., P.A.

Current Principal Place of Business:

5524 WEST SAMPLE RD.
MARGATE, FL 33073

New Principal Place of Business:

2960 NORTH STATE ROAD 7
SUITE 204
MARGATE, FL 33063

Current Mailing Address:

5524 WEST SAMPLE RD.
MARGATE, FL 33073

New Mailing Address:

2960 NORTH STATE ROAD 7
SUITE 204
MARGATE, FL 33063

FEI Number: 65-0089369

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FREEMAN, ABRAHAM
5524 W. SAMPLE ROAD
MARGATE, FL 33073

Name and Address of New Registered Agent:

FREEMAN, ABRAHAM R DR.
2960 NORTH STATE ROAD 7
SUITE 204
MARGATE, FL 33063

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.

SIGNATURE: ABRAHAM FREEMAN

04/16/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: FREEMAN, ABRAHAM,
Address: 5524 W. SAMPLE RD
City-St-Zip: MARGATE, FL

Title: VSD () Delete
Name: FREEMAN, ROBIN,
Address: 5524 W. SAMPLE RD
City-St-Zip: MARGATE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: FREEMAN, ABRAHAM,
Address: 2960 NORTH STATE ROAD 7, SUITE 204
City-St-Zip: MARGATE, FL 33063

Title: VSD (X) Change () Addition
Name: FREEMAN, ROBIN,
Address: 2960 NORTH STATE ROAD 7, SUITE 204
City-St-Zip: MARGATE, FL 33063

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ABRAHAM R. FREEMAN

DIR

04/16/2004

Electronic Signature of Signing Officer or Director

Date