

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90045 032 ***150.00

DOCUMENT # K51602 1. Entity Name FISHER & FISHER, CPAS, P.A.	
--	---

Principal Place of Business 9449 S OLD DIXIE HWY MIAMI FL 33156 US	Mailing Address 9449 S OLD DIXIE HWY MIAMI FL 33156 US
--	--

2. Principal Place of Business 7520 SW 57 Avenue Suite, Apt. #, etc. Suite A City & State S. Miami, FLA Zip 33143 Country USA	3. Mailing Address 7520 SW 57 Avenue Suite, Apt. #, etc. Suite A City & State S. Miami, FLA Zip 33143 Country USA
--	--



MOORE CR2E034 (11/03)

4. FEI Number 65-0108931	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FISHER, JOSEPH L. 9449 S OLD DIXIE HWY MIAMI FL 33156	
7. Name and Address of New Registered Agent Name Fisher Joseph L. Street Address (P.O. Box Number is Not Acceptable) 7520 SW 57 Avenue Suite A City S. Miami State FL Zip Code 33143	

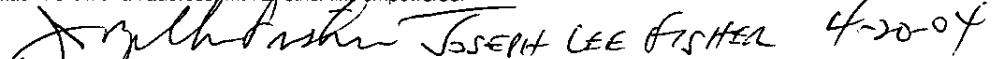
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHER, JOSEPH L. 9449 S OLD DIXIE HWY MIAMI FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7520 SW 57 Avenue Suite A S. Miami, FLA 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHER, MILTON G. 9449 S OLD DIXIE HWY MIAMI FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7520 SW 57 Avenue, Suite A S. Miami, FLA 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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:  **JOSEPH LEE FISHER** 4-20-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #