


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # K52963		
1. Entity Name JEFFER, CIOFFI & CICALSE, P.A.		
Principal Place of Business 250 TEQUESTA DRIVE SUITE 200 TEQUESTA, FL 33469	Mailing Address 250 TEQUESTA DRIVE SUITE 200 TEQUESTA, FL 33469	



04052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0086918	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CIOFFI, JAMES A.
250 TEQUESTA DR
SUITE 200
TEQUESTA, FL 33469

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

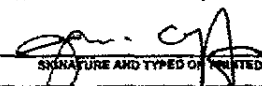
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS CIOFFI, JAMES A. 250 TEQUESTA DR, #200 TEQUESTA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT JEFFER, HERMAN 250 TEQUESTA DR #200 TEQUESTA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST CICALSE, PATRICK 250 TEQUESTA DR #200 TEQUESTA, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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05/03/04-80209-004 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **JAMES A CIOFFI** ^{Director} 4/30/04 561-747-6800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #