

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # K60881</b> 1. Entity Name <b>JULIAN H. KREEGER, P.A.</b>				<b>FILED</b> <b>04 MAY -6 PM 12:16</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business. <b>169 EAST FLAGLER ST STE 1619</b> <b>DUPONT BLDG</b> <b>MIAMI, FL 33131</b>		Mailing Address <b>169 EAST FLAGLER ST STE 1619</b> <b>DUPONT BLDG</b> <b>MIAMI, FL 33131</b>			
2. Principal Place of Business <b>1428 Brickell Ave</b> Suite, Apt. #, etc. <b>Penthouse</b> City & State <b>Miami, Florida</b> Zip <b>33131</b>		3. Mailing Address <b>Same</b> Suite, Apt. #, etc.  City & State  Zip  Country <b>USA</b>			
4. FEI Number <b>65-0138684</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent <b>KREEGER, JULIAN H.</b> <b>169 EAST FLAGLER ST</b> <b>SUITE 1619</b> <b>MIAMI, FL 33131</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1428 Brickell Avenue</b> <b>Penthouse</b> City <b>Miami</b>		
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 <u><i>Julian H. Kreger</i></u>			DATE <u><i>4/29/04</i></u>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	PST KREEGER, JULIAN H. 169 EAST FLAGLER ST STE 1619 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1428 Brickell Ave, PH Miami, FL 33131	<input checked="" 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
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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: <u><i>Julian H. Kreger</i></u>			DATE <u><i>4/29/04</i></u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		