
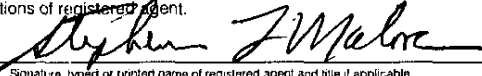
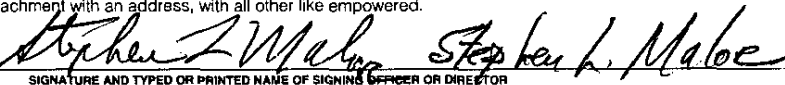


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2004 8:00 am**  
**Secretary of State**

04-02-2004 90022 007 \*\*\*150.00

<b>DOCUMENT # K84586</b> 1. Entity Name <b>MALOVE AND KAUFMAN, P.A.</b>					
Principal Place of Business <b>48 E FLAGLER ST PENTHOUSE 104 MIAMI, FL 33131 US</b>			Mailing Address <b>48 E FLAGLER ST PENTHOUSE 104 MIAMI, FL 33131 US</b>		
2. Principal Place of Business <b>14 ROSE DRIVE</b> Suite, Apt. #, etc.			3. Mailing Address <b>14 ROSE DRIVE</b> Suite, Apt. #, etc.		
City & State <b>FORT LAUDERDALE, FL</b>			City & State <b>FORT LAUDERDALE, FL</b>		
Zip <b>33316-1012</b>		Country <b>USA</b>		4. FEI Number <b>65-0116649</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent <b>MALOVE, STEPHEN L. 48 E FLAGLER ST PENTHOUSE 104 MIAMI, FL 33131</b>					
7. Name and Address of New Registered Agent Name <b>MALOVE, STEPHEN L.</b> Street Address (P.O. Box Number is Not Acceptable) <b>14 ROSE DRIVE</b> City <b>FORT LAUDERDALE</b> <b>FL</b> Zip Code <b>33316-1012</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:  <b>3-29-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>MALOVE, STEPHEN</b> <b>7700 MARBLEHEAD LANE</b> <b>PARKLAND, FL 33067</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	
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:  <b>3-29-04 954-767-</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

**54025344**



03262004 Chg-P CR2E034 (10/03)

1000