
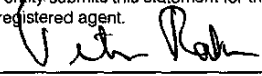
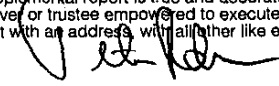


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90104 037 ***150.00

DOCUMENT # K93665 1. Entity Name PETER RABEN, P.A.					
Principal Place of Business 200 S BISCAYNE BLVD 5100 MIAMI, FL 33133 US			Mailing Address 200 S BISCAYNE BLVD 5100 MIAMI, FL 33133 US		
2. Principal Place of Business 1200 BRICKELL AVENUE Suite, Apt. #, etc. SUITE 1620		3. Mailing Address 1200 BRICKELL AVENUE Suite, Apt. #, etc. SUITE 1620			
City & State MIAMI FLORIDA		City & State MIAMI FLORIDA		4. FEI Number 65-0129526	
Zip 33131		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RABEN, PETER 200 S BISCAYNE BLVD #5100 MIAMI, FL 33133				7. Name and Address of New Registered Agent Name PETER RABEN Street Address (P.O. Box Number is Not Acceptable) 1200 BRICKELL AVE # 1620 City MIAMI FL Zip Code 33131	
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			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 P	NAME RABEN, PETER		TITLE P	NAME PETER RABEN	
STREET ADDRESS 200 S BISCAYNE BLVD #5000	CITY-ST-ZIP MIAMI, FL 33131		STREET ADDRESS 1200 BRICKELL AVE # 1620	CITY-ST-ZIP MIAMI FL 33131	
<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<input type="checkbox"/> Delete			<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: 			1-27-04 305 3791401		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		