


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # L29030 1. Entity Name IRVING L. GOLDSTEIN, C.P.A., P.A.	
--	---

Principal Place of Business 13450 WEST SUNRISE BLVD #150 FORT LAUDERDALE, FL 33323 US	Mailing Address 13450 WEST SUNRISE BLVD #150 FORT LAUDERDALE, FL 33323 US
--	--



03082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0157082	<input type="checkbox"/> 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

GOLDSTEIN, IRVING L
13450 WEST SUNRISE BLVD
#150
FORT LAUDERDALE, FL 33323

**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: *[Signature]* **CEA**

Signature must be printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-8-04
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
--	------------------------------------

U00000094489
03/22/04-80062-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GOLDSTEIN, IRVING L
STREET ADDRESS	13450 WEST SUNRISE BLVD #150
CITY-ST-ZIP	FORT LAUDERDALE, FL 33323
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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)(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 807, 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] **3/12/04**
Date

Daytime Phone #