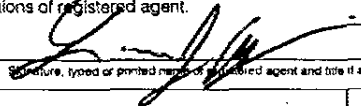


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # L33820		
1. Entity Name LAWRENCE J. SHAPIRO & ASSOCIATES, P.A.		
Principal Place of Business 825 BRICKELL BAY DR SUITE 1751 MIAMI, FL 33131 US		Mailing Address 825 BRICKELL BAY DR SUITE 1751 MIAMI, FL 33131 US
DO NOT WRITE IN THIS SPACE		
		 01152004 No Chg-P CR2E034 (10/03)
4. FEI Number 65-0162986		Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
SHAPIRO, LAWRENCE J 825 BRICKELL BAY DRIVE SUITE 1751 MIAMI, FL 33131		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  <u>Lawrence J. Shapiro - President</u> <u>1/15/04</u> (Signature, typed or printed name of registered agent and title if applicable. (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. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT SHAPIRO, LAWRENCE J. 825 BRICKELL BAY DR, SUITE 1751 MIAMI, FL 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SHAPIRO, LAWRENCE J. 825 BRICKELL BAY DR, SUITE 1751 MIAMI, FL 33131	
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		
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  <u>1/15/04</u> <u>305-374-3111</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		DO NOT WRITE IN THIS SPACE