2004 FOR PROFIT CORPORATION

عورج باسترم

FILED Apr 14, 2004 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # L46577 RUSSO APPELLATE FIRM, P.A. Principal Place of Business Mailing Address 6101 SW 76TH ST. 6101 SW 76TH ST. MIAMI, FL 33143 MIAMI, FL 33143 01062004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0167377 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent RUSSO, ELIZABETH DO NOT WRITE 6101 SW 76 ST MIAMI, FL 33143 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 1)000000113214 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 04/14/04-80054-015 150.00 10. OFFICERS AND DIRECTORS TITLE RUSSO, ELIZABETH NAME STREET ADDRESS 6101 SW 76TH ST. CITY-ST-ZIP MIAMI, FL 33143 NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 it 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:

STREET ADDRESS CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

666-4660