

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # L91854 1. Entity Name MICHAEL S. WENDROW, P.A.																													
Principal Place of Business 1125 NE 125 ST STE 100 N MIAMI FL 33161 US			Mailing Address 1125 NE 125 ST STE 100 N MIAMI FL 33161 US																										
2. Principal Place of Business Suite, Apt #, etc.			3. Mailing Address Suite, Apt #, etc.																										
City & State			City & State																										
Zip		Country		Zip																									
Country		Country		4. FEI Number 65-0225812 Applied For ☐ Not Applicable																									
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				Barcode:  MOORE CR2E034 (11/03)																									
6. Name and Address of Current Registered Agent WENDROW, MICHAEL S. 1005 NE 125TH ST SUITE 207/209 N MIAMI FL 33161				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																									
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 _____ DATE 1/23/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">PSTD</td> <td style="width: 20%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>WENDROW, MICHAEL S</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1005 NE 125TH ST SUITE 207/209</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>N MIAMI FL</td> <td></td> </tr> </table>			TITLE	PSTD	☐ Delete	NAME	WENDROW, MICHAEL S		STREET ADDRESS	1005 NE 125TH ST SUITE 207/209		CITY - ST - ZIP	N MIAMI FL		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>U000000016696</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>01/28/04-80061-022 317.50</td> <td></td> </tr> </table>			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS	U000000016696		CITY - ST - ZIP	01/28/04-80061-022 317.50	
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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: MICHAEL S. WENDROW, P.A.  1/23/04 305-899-0266 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																													