


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90465 022 ***150.00

DOCUMENT # M03313
 1. Entity Name
JOHN R. SORKIN, P.A.



Principal Place of Business
 4700 SHERIDAN ST
 HOLLYWOOD, FL 33021

Mailing Address
 4700 SHERIDAN ST
 HOLLYWOOD, FL 33021

54041379



04232004 Chg-P CR2E034 (10/03)

2. Principal Place of Business
1840 Main Street

3. Mailing Address
1840 Main Street

Suite, Apt. #, etc.
204

City & State
Weston, FL

City & State
Weston, FL

Zip
~~33326~~

Country
~~USA~~

Zip
~~33326~~

Country
~~USA~~

4. FEI Number
59-2489957

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SORKIN, JOHN R.
4700 SHERIDAN ST
HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent
 Name **JOHN R. SORKIN**
 Street Address (P.O. Box Number is Not Acceptable)
1840 MAIN STREET
SUITE 204
 City **WESTON** **FL** Zip Code **33326**

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 *John R. Sorkin* **JOHN R. SORKIN** Registered Agent **4/23/04**

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	PST SORKIN, JOHN R. 4700 SHERIDAN ST HOLLYWOOD, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SORKIN, JOHN R. 4700 SHERIDAN ST HOLLYWOOD, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1840 MAIN STREET, STE. 204 WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1840 MAIN STREET, STE. 204 WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: *John R. Sorkin* **JOHN R. SORKIN** **4/23/04** **954-515-0011**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **800-375-2942**