2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State
01-20-2004 90042 033 ***150.00

DOCUMENT # M10576

1. Entity Name
WOLPERT & ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
9100 S. DADELAND BLVD. 1550 MIAMI, FL 33156 US	9100 S. DADELAND BLVD. 1550 MIAMI, FL 33156 US

2. Principal Place of Business	3. Mailing Address
7315 SW 87th Ave	7315 SW 87th Ave
Suite, Apt. #, etc.: 200	Suite, Apt. #, etc.: Suite 200
City & State: Miami, FL 33173	City & State: Miami, FL 33173
Zip / Country	Zip / Country

01032004 Chg-P CR2E034 (10/03)

4. FEI Number 59-2488616 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WOLPERT, ANTHONY H.
~~9100 S. DADELAND BLVD.~~
~~STE 1550~~
MIAMI, FL ~~33156~~

7315 SW 87th Ave
Suite 200
Miami, FL 33173

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
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

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	WOLPERT, ANTHONY H.	
STREET ADDRESS	9100 S DADELAND BLVD STE 1550	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE	STD	☐ Delete
NAME	KAPLAN, J EFFREY D	
STREET ADDRESS	9100 S DADELAND BLVD STE 1550	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	☒ Change	☐ Addition
NAME	Wolpert, Anthony H.		
STREET ADDRESS	7315 SW 87th Ave, Suite 200		
CITY-ST-ZIP	Miami, FL 33173		
TITLE	STD	☒ Change	☐ Addition
NAME	Kaplan, Jeffrey D.		
STREET ADDRESS	7315 SW 87th Ave, Suite 200		
CITY-ST-ZIP	Miami, FL 33173		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ 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: Jeffrey D. Kaplan (signature) Jeffrey D. Kaplan — 1-16-2004 — 305/595-1572
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #