

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # M13685**

1. Entity Name  
SYDNEY S. TRAUM, P.A.



Principal Place of Business

1320 SOUTH DIXIE HWY  
PENTHOUSE SUITE 1275  
MIAMI, FL 33146 US

Mailing Address

55 SOUTH PROSPECT DR  
CORAL GABLES, FL 33133 US

**DO NOT WRITE IN THIS SPACE**



01192004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-2513193

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

TRAUM, SYDNEY S.  
C/O LEVEY, AIRAN, BROWNSTEIN, SHEVIN, ETAL  
1320 S. DIXIE HWY, PENTHOUSE 1275  
MIAMI, FL 33146

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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 \_\_\_\_\_

Signature filed on \_\_\_\_\_ and verified on \_\_\_\_\_ before me on \_\_\_\_\_ day of \_\_\_\_\_, 2004.

NOTE: Registered Agent signature required when changing

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$350.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

|                |                        |
|----------------|------------------------|
| TITLE          | DPT                    |
| NAME           | TRAUM, SYDNEY S.       |
| STREET ADDRESS | 55 SOUTH PROSPECT DR   |
| CITY ST ZIP    | CORAL GABLES, FL 33133 |
| TITLE          | SD                     |
| NAME           | TRAUM, JUDITH R.       |
| STREET ADDRESS | 55 SOUTH PROSPECT DR.  |
| CITY ST ZIP    | CORAL GABLES, FL 33133 |
| TITLE          |                        |
| NAME           |                        |
| STREET ADDRESS |                        |
| CITY ST ZIP    |                        |
| TITLE          |                        |
| NAME           |                        |
| STREET ADDRESS |                        |
| CITY ST ZIP    |                        |
| TITLE          |                        |
| NAME           |                        |
| STREET ADDRESS |                        |
| CITY ST ZIP    |                        |

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IN THIS SPACE**

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:** \_\_\_\_\_

*Sydney S. Traum* SYDNEY S. TRAUM

1/20/04

305-661-6664 E#1241

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR