

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2004 8:00 am**  
**Secretary of State**

01-12-2004 90002 049 \*\*\*150.00

**DOCUMENT # M21484**

1. Entity Name  
**SPENCER AND KLEIN, PROFESSIONAL ASSOCIATION**



Principal Place of Business

**801 BRICKELL AVENUE  
SUITE 1901  
MIAMI, FL 33131**

Mailing Address

**801 BRICKELL AVENUE  
SUITE 1901  
MIAMI, FL 33131**

**44000602**



2. Principal Place of Business

**Two Alhambra Plaza**

3. Mailing Address

**Two Alhambra Plaza**

01082004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

**Penthouse II B**

Suite, Apt. #, etc.

**Penthouse II B**

City & State

**Coral Gables, FL**

City & State

**Coral Gables, FL**

4. FEI Number

**59-2626836**

Applied For

☐ Not Applicable

Zip

**33134**

Country

**USA**

Zip

**33134**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**KLEIN, BRENT D.  
801 BRICKELL AVENUE  
SUITE 1901  
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name

**Brent D. Klein**

Street Address (P.O. Box Number is Not Acceptable)

**Two Alhambra Plaza**

**Penthouse II B**

City

**Coral Gables**

**FL**

Zip Code  
**33134**

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 **Brent D. Klein**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

**January 9, 2004**

**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 **SPENCER, THOMAS R., JR.**  
STREET ADDRESS **801 BRICKELL AVE**  
CITY-ST-ZIP **MIAMI, FL**

TITLE **DST** ☐ Delete  
NAME **KLEIN, BRENT D.**  
STREET ADDRESS **801 BRICKELL AVE**  
CITY-ST-ZIP **MIAMI, FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **ED** ☒ Change ☐ Addition  
NAME **Thomas R. Spencer**  
STREET ADDRESS **Two Alhambra Plaza Penthouse II B**  
CITY-ST-ZIP **Coral Gables, FL 33134**

TITLE **DST** ☒ Change ☐ Addition  
NAME **Brent D. Klein**  
STREET ADDRESS **Two Alhambra Plaza Penthouse II B**  
CITY-ST-ZIP **Coral Gables, FL 33134**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**Brent D. Klein**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**January 9, 2004**

Date

**305-446-5711**

Daytime Phone #