


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-04-2004 90083 036 ***158.75

DOCUMENT # M42462 1. Entity Name ALVIN S. SCHWARTZ CPA, P.A.					
Principal Place of Business 22668 CARAVELLE CIRCLE BOCA RATON FL 33433 US			Mailing Address 22668 CARAVELLE CIRCLE BOCA RATON FL 33433 US		
2. Principal Place of Business 22668 CARAVELLE CIRCLE			3. Mailing Address SAME		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State BOCA RATON FL			City & State 		
Zip 33433			Country ALABAMA		
4. FEI Number 59-2740498			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/> PROS			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SCHWARTZ, ALVIN, S 22668 CARAVELLE CIRCLE BOCA RATON FL 33433			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 <u><i>Alvin S. Schwartz</i></u> PROS DATE <u>1/27/04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> FILE NOW!!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State </div> <div style="width: 60%;"> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME SCHWARTZ, ALVIN S		<input type="checkbox"/> Delete		
STREET ADDRESS 22668 CARAVELLE CIRCLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP BOCA RATON FL 33433					
TITLE 			<input type="checkbox"/> Delete		
NAME 			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 					
CITY-ST-ZIP 					
TITLE 			<input type="checkbox"/> Delete		
NAME 			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 					
CITY-ST-ZIP 					
TITLE 			<input type="checkbox"/> Delete		
NAME 			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u><i>Alvin S. Schwartz</i></u> President Date <u>2/20/04</u> 561-9883 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					