


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2004 08:00 AM
Secretary of State

DOCUMENT # M44892			
1. Entity Name EDWARD E. LEVINSON P.A.			
Principal Place of Business C/O EDWARD E. LEVINSON 407 LINCOLN RD, PENTHOUSE EAST MIAMI BCH. FL 33139		Mailing Address C/O EDWARD E. LEVINSON 407 LINCOLN RD, PENTHOUSE EAST MIAMI BCH. FL 33139	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E034 (11/03)

4. FEI Number 59-2779606		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LEVINSON, EDWARD E. 407 LINCOLN RD, PENTHOUSE EAST MIAMI BCH. FL 33139		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

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
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP LEVINSON, EDWARD E. 407 LINCOLN RD PH EAST MIAMI FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000023848 02/02/04-80042-007 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP LEVINSON, NEIL H 407 LINCOLN RD PH EAST MIAMI FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Edward E. Levinson **EDWARD E. LEVINSON** **PRESIDENT** - 1/28/04 - (305) 534-6171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #