

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90406 006 ***150.00

DOCUMENT # M54688

1. Entity Name
LOTT & FRIEDLAND, P.A.



Principal Place of Business
355 ALHAMBRA CIRCLE
SUITE 1100
CORAL GABLES, FL 33134 US

Mailing Address
355 ALHAMBRA CIRCLE
SUITE 1100
CORAL GABLES, FL 33134 US

94075553



04272004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0005885

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LOTT, LESLIE J.
355 ALHAMBRA CIRCLE
SUITE 1100
CORAL GABLES, FL 33134

**DO NOT WRITE
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, 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

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	LOTT, LESLIE J
STREET ADDRESS	355 ALHAMBRA CIR., STE 1100
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	DVP
NAME	FRIEDLAND, DAVID K
STREET ADDRESS	355 ALHAMBRA CIR., STE 1100
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	DS
NAME	STEIN, MARK E
STREET ADDRESS	355 ALHAMBRA CIRCLE STE 1100
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 27, 2004

Date

305-449-7089

Daytime Phone #