


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90069 006 ***150.00

DOCUMENT # M83185
 1. Entity Name
HALLMARK COMMERCIAL ASSOCIATES, INC.



Principal Place of Business Mailing Address
3800 S. OCEAN DRIVE **3800 S. OCEAN DRIVE**
SUITE 216 **SUITE 216**
HOLLYWOOD, FL 33019 US **HOLLYWOOD, FL 33019 US**

34001000



2. Principal Place of Business 3. Mailing Address
3800 S. Ocean Drive *3800 S. Ocean Drive*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 238 *Suite 238*

03222004 Chg-P CR2E034 (10/03)

City & State City & State
Hollywood, FL *Hollywood, FL*
 Zip Country Zip Country
33019 *Broward* *33019* *Broward*

4. FEI Number Applied For
65-0063614 Not Applicable

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

6. Name and Address of Current Registered Agent
ADICKMAN, ROSS
3800 S. OCEAN DRIVE., STE 216
HOLLYWOOD, FL 33019

7. Name and Address of New Registered Agent
 Name *Adickman, Ross*
 Street Address (P.O. Box Number is Not Acceptable)
3800 S. Ocean Dr # 238
 City *Hollywood* **FL** Zip Code *33019*

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]* DATE: *4/23/04*

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 NAME STREET ADDRESS CITY-ST-ZIP	TD ADICKMAN, ROSS 3800 S OCEAN DR SUITE 216 238 HOLLYWOOD, FL 33019	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOPSICK, ADAM 3800 S OCEAN DR 216 238 HOLLYWOOD, FL 33019	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ADICKMAN, ROSS 3800 S OCEAN DR SUITE 216 238 HOLLYWOOD, FL 33019	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FINKEL, STEVEN 3800 S OCEAN DR 216 238 HOLLYWOOD, FL 33019	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* DATE: *3/22/04* DAYTIME PHONE #: *954-458-7828*