2004 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P00000019717 1. Entity Name SERBER & ASSOCIATES, P.A. Principal Place of Business Mailing Address 2875 NE 191 STREET 2875 NE 191 STREET STE 801 STE 801 AVENTURA, FL 33180 AVENTURA, FL 33180 01062004 - No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0985132 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent SERBER, DANIEL J ESQ. DO NOT WRITE 2875 NE 191 STREET STE 801 AVENTURA, FL 33180 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 file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE SERBER, DANIEL JESQ. NAME STREET ADDRESS 2875 NE 191 ST STE 801 U00000007118 01/20/04-80009-010 150.00 CITY-ST-ZIP AVENTURA, FL 33180 BBF NAME STREET ADDRESS CITY-ST-7IP TIBLE NAME STREET ADDRESS DO NOT WRITE CITY-SY-ZIP IN THIS SPACE NAME STREET ADDRESS

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 cath; 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: __

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNRING OFFICER OR DIRECTOR

16/03 (305)932-6462

FILED

Jan 20, 2004 08:00 AM