


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Jul 19, 2004 08:00 AM
Secretary of State

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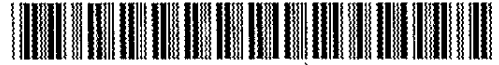
1. Entity Name
RONALD A. DAVID & ASSOCIATES, P.A. ATTORNEY AT LAW



Principal Place of Business
**555 SOUTH FEDERAL HWY
 SUITE 440
 BOCA RATON, FL 33432**

Mailing Address
**P.O. BOX 2204
 BOCA RATON, FL 33427**

DO NOT WRITE IN THIS SPACE



07082004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1020438	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DAVID, RONALD A
 555 SOUTH FEDERAL HWY SUITE 440
 BOCA RATON, FL 33432**

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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 _____ DATE _____
Signature, typed or printed name of registered agent; and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DAVID, RONALD A 555 SOUTH FEDERAL HWY SUITE 440 BOCA RATON, FL 33432
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 07/19/04-80016-007 150.00

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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 for all other like empowered.

SIGNATURE:  **President** 7-15-04 561 9989300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/tn Phone #