

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-12-2004 90020 033 \*\*\*150.00

**DOCUMENT # P00000088197**

1. Entity Name  
**TOMASZ RUT, INC.**



Principal Place of Business  
**502 PALM STREET STE 1  
WEST PALM BEACH, FL 33401  
1051 S. NORTHLAKE DR  
HOLLYWOOD, FL 33019**

Mailing Address  
**502 PALM STREET STE 1  
WEST PALM BEACH, FL 33401  
1051 S. NORTHLAKE DR  
HOLLYWOOD, FL 33019**



01062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1058028**

Applied For  
☐ Not Applicable

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

**8. Name and Address of Current Registered Agent**

**ROSENTHAL, JEFFREY H  
BANK OF AMERICA PLAZA STE 500  
PALMETTO PARK ROAD  
BOCA RATON, FL 33433**

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IN THIS SPACE**

9. 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 state if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

**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	<b>D</b>
NAME	<b>RUT, TOMASZ</b>
STREET ADDRESS	<b>502 PALM STREET STE 1</b>
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33401</b>
TITLE	<b>MR TOMASZ RUT</b>
NAME	<b>1051 S NORTHLAKE DR</b>
STREET ADDRESS	<b>HOLLYWOOD, FL 33019</b>
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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

**Feb 5, 04** **(954) 920.8949**