


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-27-2004 90050 050 ***150.00

DOCUMENT # P00000090614

1. Entity Name
 SIEGELAUB, LIEBERMAN & ASSOCIATES, P.A.



Principal Place of Business Mailing Address

9690 W. SAMPLE RD.
 SUITE 202
 CORAL SPRINGS, FL 33065

9690 W. SAMPLE RD.
 SUITE 202
 CORAL SPRINGS, FL 33065



2. Principal Place of Business 3. Mailing Address

2801 N. University Dr.
 Suite, Apt. #, etc.
 Suite 301

2801 N. University Dr.
 Suite, Apt. #, etc.
 Suite 301

City & State City & State

Coral Springs, FL Coral Springs, FL

Zip Country Zip Country

33065 33065

01212004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

65-1042517 Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

SIEGELAUB, STEVEN S
 9690 W. SAMPLE RD.
 SUITE 202
 CORAL SPRINGS, FL 33065

Name: _____

Street Address (P.O. Box Number is Not Acceptable)
 2801 N. University Drive
 Suite 301

City State Zip Code

Coral Springs FL 33065

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: Steven Siegelaub Steven Siegelaub 4/20/04

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIEGELAUB, STEVEN	NAME	
STREET ADDRESS	9690 W SAMPLE RD #202	STREET ADDRESS	2801 N. University Dr. # 301
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	CITY-ST-ZIP	
TITLE	S	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIEBERMAN, KEN	NAME	
STREET ADDRESS	9690 W SAMPLE RD #202	STREET ADDRESS	2801 N. University Dr. # 301
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Steven Siegelaub Steven Siegelaub 4/20/04 954-753-2222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #