2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000091719

Entity Name: MARVIN, SMITH & ALONZO, P.A.

FILED Feb 23, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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411 E OSCEOLA ST STE 102 STUART, FL 34994

Current Mailing Address: New Mailing Address:

411 E OSCEOLA ST STE 102 STUART, FL 34994

FEI Number: 65-1081644 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ALONZO, EDMOND W SEC
411 E OSCEOLA ST
STE 102
STUART, FL 34994 US

ALONZO, EDMOND W SEC
101 N. U.S. HWY 1
STE 209
FT. PIERCE, FL 34950 US

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.

SIGNATURE: 02/23/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition MARVIN, CYNTHIA G ALONZO, EDMOND W Name: Name: 411 E OSCEOLA 101 N. U.S. HWY 1, STE 209 Address: Address: City-St-Zip: STUART, FL 34994 City-St-Zip: FT. PIERCE, FL 34950

Title: D () Delete Title: D (X) Change () Addition Name: SMITH, JEFFREY A Name: SMITH, JEFFREY A

Name:SMITH, JEFFREY AName:SMITH, JEFFREY AAddress:411 E OSCEOLAAddress:411 E OSCEOLA, STE 102City-St-Zip:STUART, FL 34994City-St-Zip:STUART, FL 34994

Title: D (X) Delete Title: () Change () Addition

 Name:
 ALONZO, EDMOND
 Name:

 Address:
 411 E OSCEOLA
 Address:

 City-St-Zip:
 STUART, FL 34994
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDMOND W. ALONZO D 02/23/2004