


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90058 022 ***150.00

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| DOCUMENT # P01000012734 |  |
| 1. Entity Name REBECCA WEIL, P.A. | |

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| Principal Place of Business 5239 SAPHIRE VALLEY BOCA RATON FL 33486 | Mailing Address 5239 SAPHIRE VALLEY BOCA RATON FL 33486 |
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| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Officer BLAKESBERG & CO 951 SW 4TH AVE Suite, Apt. #, etc. |
| City & State BOCA RATON, FL 33432 | City & State BOCA RATON, FL 33432 |
| Zip 33432 | Country |

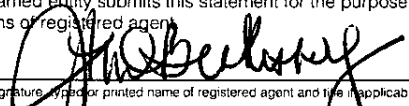


MOORE CR2E034 (11/03)

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| 4. FEI Number 65-1073757 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent WEIL, REBECCA 5239 SAPHIRE VALLEY BOCA RATON FL 33486 | |
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| 7. Name and Address of New Registered Agent Name Jon D Blakesberg Street Address (P.O. Box Number is Not Acceptable) 951 SW 4th Ave City Boca Raton FL Zip Code 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 2/16/04 |

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| FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V MARTINO, JAMES 5239 SAPHIRE VALLEY BOCA RATON FL 33486 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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)(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. | |
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| SIGNATURE:  | President | 2-16-04 | 750 8380 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | Daytime Phone # |