
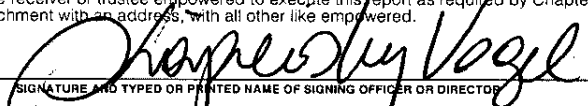


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2004 8:00 am**  
**Secretary of State**

02-20-2004 90019 023 \*\*\*150.00

<b>DOCUMENT # P01000014153</b> 1. Entity Name <b>GROSSMAN &amp; ASSOCIATES, CORP.</b>			
Principal Place of Business <b>3900 N HILLS ROAD #216 HOLLYWOOD, FL 33021 US</b>		Mailing Address <b>3900 N HILLS ROAD #216 HOLLYWOOD, FL 33021 US</b>	
2. Principal Place of Business <b>3389 Sheridan St 424 Hollywood 33021 USA</b>		3. Mailing Address <b>3389 Sheridan St 424 Hollywood 33021 USA</b>	
4. FEI Number <b>65-1088896</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>NEW</b> <input checked="" type="checkbox"/> <b>SAME</b>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>KAPLIVISKY, SARA 3900 N HILLS ROAD #216 HOLLYWOOD, FL 33021</b>		7. Name and Address of Registered Agent Name <b>SARA KAPILIVSKY VOGEL</b> Street Address (P.O. Box Number is Not Acceptable) <b>3389 Sheridan St #424</b> City <b>HOLLYWOOD</b> FL <b>33021</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>-After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>GROSSMAN, SARA 4704 N 99 STREET HOLLYWOOD, FL 33021</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>Pres and Director 3389 Sheridan St #424 HOLLYWOOD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>KAPILISKY, SARA 3900 N HILLS ROAD #216 HOLLYWOOD, FL 33021</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>VICE-PRES, TREAS. and Director SHERIDAN</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>VOGEL, MARK R 3389 SHERIDAN ST #424 HOLLYWOOD, FL 33021</b>	<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
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
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, with all other like empowered.			
SIGNATURE: 		Date <b>2/15/04</b> Daytime Phone <b>954 987 5802</b>	