

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

07-27-2004 90037 009 ***150.00

DOCUMENT # P01000023112

1. Entity Name
CLEMENT SOFFER, P.A.



Principal Place of Business
**19355 TURKBERRY WAY
MIAMI, FL 33180**

Mailing Address
**19355 TURNBERRY WAY
APT 25 GR
AVENTURA, FL 33180**

54065042



07092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1154730	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SOFFER, CLEMENT PA
19355 TURNBERRY WAY APT 25 GR
AVENTURA, FL 33180**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOFFER, CLEMENT 1001 N. FEDERAL HIGHWAY #206 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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: *Clement Soffer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 7/20/04 Daytime Phone # _____

Attachment
CLEMENT SOFFER

54065042

July 20, 2004

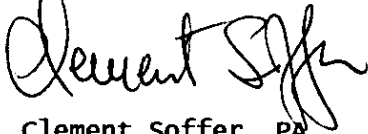
In regards to: Document #P01000023112

Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314

Dear Division of Corporations:

This is to certify that I have never received your postcard or "notice of Corporation Annual Report" until last week. I sincerely appreciate your waiving the penalty delay as per my phone call of 7/20/04 with your representative. Enclosed please find a check for \$150.00 to pay my Corporation taxes.

Sincerely,



Clement Soffer, PA
19355 Turnberry Way, apt 25GR
Aventura, FL 33180

**19355 TURNBERRY WAY
AVENTURA, FL 33180**