## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT # P01000056611

1. Entity Name

DEWITT STERN OF FLORIDA, INC.



Principal Place of Business

**SIGNATURE:** 

Mailing Address

420 LEXINGTON AVE., 27TH FLOOR NEW YORK, NY 10170 420 LEXINGTON AVE., 27TH FLOOR NEW YORK, NY 10170

### FILED Mar 10, 2004 08:00 AM Secretary of State



#### DO NOT WRITE IN THIS SPACE

02272004 No Chg-P CR2E034 (10/03)

4. FEI Number | Applied For

22-3827811

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

(212) 297 1475

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

# DO NOT WRITE IN THIS SPACE

<ol> <li>The above named entity storms 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.</li> </ol>						
SIGNATURE Segnature, typed or printed name of registered agent and title of applicable (FIOTE, Registered A				Igent signature required when reinstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Fir Trust Fund Contribution					\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CRY-ST-ZIP	D STERN, JOLYON F 420 LEXINGTON AVENUE #2720 NEW YORK, NY 10170					U00000084104 03/10/04-80066-009 150.00
TITLE NAME STREET ADDRESS CHY-ST-ZIP	D HOCHFELSEN, JAY J 420 LEXINGTON AVENUE #2720 NEW YORK, NY 10170					
TITLE NAME STREET ADDRESS GITY - ST - ZIP					DO	NOT WRITE
HITLE NAME STREET ADDRESS CITY-ST-ZIP					IN .	THIS SPACE
TITLE NAME STREET ADDRESS CRY-SI-ZIP						
INTLE NAME STREET ADDRESS CHY-ST-ZIP						•
12. I hereby certify that the information supplied with this filling 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 refereive for trustee emplowered 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.						

TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR