

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90012 009 ***150.00

DOCUMENT # P01000068430

1. Entity Name
BRIAN D. GORDON, C.P.A., P.A.



Principal Place of Business
12550 BISCAYNE BLVD., SUITE 500
NORTH MIAMI, FL 33181

Mailing Address
12550 BISCAYNE BLVD., SUITE 500
NORTH MIAMI, FL 33181



02232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1120609

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GORDON, BRIAN D.
12550 BISCAYNE BLVD., SUITE 500
NORTH MIAMI, FL 33181

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PS
NAME GORDON, BRIAN D. 18864 NW 64 CT.
STREET ADDRESS 1700 N.E. 191ST. #211
CITY-ST-ZIP NORTH MIAMI, FL 33179 Miami, FL 33015

TITLE SD
NAME GORDON, JAZMIN 18864 NW 64 CT.
STREET ADDRESS 1700 N.E. 191ST. #211
CITY-ST-ZIP NORTH MIAMI, FL 33179 Miami, FL 33015

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Brian D Gordon 2/23/04 305-454-0557