


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-26-2004 90063 040 ***150.00

DOCUMENT # P01000075890	
1. Entity Name MONA J. ISSA, D.C., P.A.	

Principal Place of Business 11200 PINES BLVD SUITE 101 PEMBROKE PINES, FL 33026 US	Mailing Address 11200 PINES BLVD SUITE 101 PEMBROKE PINES, FL 33026 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



01132004 Chg-P CR2E034 (10/03)

4. FEI Number 65-1132560	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ISSA, MONA J 7601 E. TREASURE DR., APT. 2107 MIAMI BCH, FL 33141	
7. Name and Address of New Registered Agent Name: MONA J. ISSA Street Address (P.O. Box Number is Not Acceptable): 11200 PINES BLVD. STE. 101 City: Pembroke Pines FL Zip Code: 33026	


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:  MONA J. ISSA 1/21/04
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. <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	D ISSA, MONA J 7601 E. TREASURE DR., APT. 2107 MIAMI BCH, FL 33141 <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.

SIGNATURE:  MONA J. ISSA 1/21/04 954-880-0101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #