


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2004 8:00 am**  
**Secretary of State**

03-26-2004 90009 048 \*\*\*150.00

<b>DOCUMENT # P01000084038</b>					
1. Entity Name <b>DELANCY HILL, P.A.</b>					
Principal Place of Business <b>1200 BRICKELL AVE., #950 MIAMI, FL 33131</b>			Mailing Address <b>1200 BRICKELL AVE., #950 MIAMI, FL 33131</b>		
2. Principal Place of Business <b>200 S. Biscayne Blvd. Suite, Apt. #, etc. 2680</b>			3. Mailing Address <b>Same</b>		
City & State <b>Miami FL</b>		City & State		4. FEI Number <b>65-1133134</b>	
Zip <b>33131</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>HILL, MARLON A ESQ. 1200 BRICKELL AVENUE, SUITE 950 MIAMI, FL 33131</b>				7. Name and Address of New Registered Agent Name <b>Marlon A. Hill, Esq.</b> Street Address (P.O. Box Number is Not Acceptable) <b>200 S. Biscayne Blvd. Suite 2680</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33131</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.  <b>SIGNATURE: [Signature]</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D DELANCY, MICHELLE A 1200 BRICKELL AVENUE, SUITE 950 MIAMI, FL 33131</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D/President/Treasurer Michelle A. Delancy 200 S. Biscayne Blvd, Suite 2680 Miami FL 33131</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D HILL, MARLON A 1200 BRICKELL AVENUE, SUITE 950 MIAMI, FL 33131</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D/VP/Sec. Marlon A Hill 200 S. Biscayne Blvd, Suite 2680 Miami FL 33131</b> <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	
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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)(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.					
<b>SIGNATURE: [Signature]</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>3/24/04 766 777-0184</b> <small>Date Daytime Phone #</small>		