2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000084871

1. Entity Name
WALTER M. NOTHEIS P..A.

Principal Place of Business	Mailing Address
5740 SW 64TH PLACE MIAMI, FL 33143	5740 SW 64TH PLACE MIAMI, FL 33143

DO NOT WRITE IN THIS SPACE

04202004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-1134765	Not Applicable

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

6. Name and Address of Current Registered Agent

GORDON, STEVEN I
4600 W COMMERCIAL BLVD SUITE 5
TAMARAC, FL 33319

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

U000000126037
04/23/04--80017-025 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	NOTHEIS, WALTER M
STREET ADDRESS	5740 SW 64TH PLACE
CITY-ST-ZIP	MIAMI, FL 33143

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: _____ WALTER M. NOTHEIS 4/20/04 305 773-6405

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #