2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 22, 2004 8:00 am Secretary of State

1. Entity Nam	MENT # P01000088 ND ASSOCIATES, P.A.			04-22-2004 90070 030 ***150.00				
}			(O)					
Principal Plac		•						
C/O MENDIGUREN,SPRING & ASSOC., P.A. 5300 NW 33 AVE, STE 220 FT LAUDERDALE, FL 33309 C/O MENDIGUREN,SPRING & ASSOC., P.A. 5300 NW 33 AVE, STE 220 FT LAUDERDALE, FL 33309				1000	. iji ra nal jirii ra nk ad kk d	DJA 68301 10101 10100 11110 11160 11	DUDA II JUD	
2. Principal Place of Business 2720 E. Oakhand Park Block 2720 E. Oakhand Park Block				Bld				
Suite, Apt. #, etc. Suite Apt. #, etc. Suite # 102 Suite # 1			102	0419200		CR2E034 (10/03)		
City & State Ft. Landerdale, FL Ft. La			we FL		FEI Number Applied For 65-1132614 Not Applicab		pplied For ot Applicable	
^{Zip} 333	ob USA_	33306	Country USA	5. Certific	ate of Status Desired	S8.75 Ad Fee Require		
	6. Name and Address of Current F	tegistered Agent		7, Name a	nd Address of New	Registered Agent		
					NG-Leahy Hazrah P.O. Box Number is Not Acceptable) E. Oakland Park Blyd # 102			
City = +					ه دکم/ه	FL Zip Coo		
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 of the state								
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing. Trust Fund Contribution.						<u> </u>		
10.	OFFICERS AND D	DIRECTORS	11.	ADDITION	IS/CHANGES TO OF	FICERS AND DIRECTOR	RS IN 11	
TITLE	DPST	☐ Delete	TITLE	DPST		Change	☐ Addition	
NAME	SPRING-LEAHY, HAZRAH			Spring-L	early. Has	ent Blos :	C 32 107	
STREET ADDRESS	5300 NW 33RD AVE, STE 220		STREET ADDRESS	2720 E.	orriend !	-	MIZ W	
CITY-ST-ZIP	FT LAUDERDALE, FL 33309		CITY-ST-ZIP	Ft. Land	erdule, F	<u> </u>		
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TITLE		☐ Delete	TITLE			☐ Change	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 10 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP +

SIGNATURE:

STREET ADDRESS

CITY'ST-ZIP

SIGNATURE AND TYPED OR PRINTED JAME OF SIGNING OFFICER OF ORRECTO

4/19/04

Parlime Phone #