2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachi

SIGNATURE

Mar 01, 2004 08:00 AM Secretary of State DOCUMENT # P01000120145 1. Entity Name MICHAEL S. SCHWARTZBERG & ASSOCIATES, PA Principal Place of Business Mailing Address 5428 1ST AVE N 5428 1ST AVE N ST PETERSBURG FL 33710 ST PETERSBURG FL 33710 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 30-0060564 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHWARTZBERG, MICHAEL S ESQ Street Address (P.O. Box Number is Not Acceptable) 5428 1ST AVE N ST PETERSBURG FL 33710 Zip Code 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 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 MLE ☐ Defete TITLE ☐ Change ☐ Addition SCHWARTZBERG, MICHAEL S NAME NAME 5428 FIRST AVE N STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG FL 33710 CITY-S1-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- 7/P CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition MAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP TIRE Delete 7173 E ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS City-53-73P CITY-ST-ZIP THE ☐ Delete THEF ☐ Change ☐ Addition_ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 7576 F Change Delete BILE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-73P CITY-ST-ZIP 12. I hereby certify that the information woolied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Hurther certily that the information that report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director 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 indicated on this report or support the corporation of the received

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