## 2004 FOR PROFIT CORPORATION

SIGNATURE:

## Apr 29, 2004 8:00 am Secretary of State ANNUAL REPORT (AR) DOCUMENT # P02000018238 1. Entity Name 04-29-2004 90309 022 \*\*\*150.00 ANDREW C. JORDAN, P.A. Principal Place of Business Mailing Address 5980 S.W. 46'STREET 5980 S.W. 46 STREET **MIAMI FL 33155 MIAMI FL 33155** 2. Principal Place of Business 3. Mailing Address 3 Island 3 Island Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For **NO-T APPLICABLE** FL Beach Miami Miami Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA 33139 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Andrew C Jordan JORDAN, ANDREW C Street Address (P.O. Box Number is Not Acceptable) 5980 S.W. 46 STREET **MIAMI FL 33155** City Miami Beach 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 9. Election Campaign Financing \$5.00 May Be 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 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change ☐ Addition JORDAN, ANDREW C NAME NAME Andrew C. Jordan 5980 S.W. 46 STREET STREET ADDRESS STREET ADDRESS 3 Island Ave. CITY-ST-ZIP **MIAMI FL 33155** CITY-ST-ZIP Migmi TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME ---STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

4/26/04

Daytime Phone #

**FILED**