


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 19, 2004 8:00 am**  
**Secretary of State**

03-19-2004 90052 012 \*\*\*150.00

**DOCUMENT # P02000041683**

1. Entity Name  
**ROSEMARY MAZUR, P.A.**



Principal Place of Business      Mailing Address

**10231 W. SAMPLE ROAD  
CORAL SPRINGS, FL 33065**      **10231 W. SAMPLE ROAD  
CORAL SPRINGS, FL 33065**

**94032589**

2. Principal Place of Business      3. Mailing Address

**9550 S. Ocean Drive**      **9550 S. Ocean Drive**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**Apt. 1110**      **Apt. 1110**



03032004    Chg-P    CR2E034 (10/03)

City & State      City & State

**Jensen Beach, FL**      **Jensen Beach, FL**

Zip      Country      Zip      Country

**34957**      **USA**      **34957**      **USA**

4. FEI Number      Applied For

**38-3647710**       Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MAZUR, ROSEMARY  
10231 WEST SAMPLE ROAD  
CORAL SPRINGS, FL 33065**

**7. Name and Address of New Registered Agent**

Name      **Rosemary Mazur**

Street Address (P.O. Box Number is Not Acceptable)      **9550 S. Ocean Drive**

City      **Jensen Beach**      FL      Zip Code      **34957**

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]*      DATE: **3/11/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAZUR, ROSEMARY	NAME	
STREET ADDRESS	9550 S. OCEAN DR., #403	STREET ADDRESS	9550 S. Ocean Drive, Apt 1110
CITY-ST-ZIP	JENSEN BEACH, FL 34957	CITY-ST-ZIP	Jensen Beach, FL 34957
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *[Signature]*      **Rosemary Mazur**      DATE: **3/11/04**      (772) 229-1997

Signature and typed or printed name of signing officer or director      Date      Daytime Phone #