
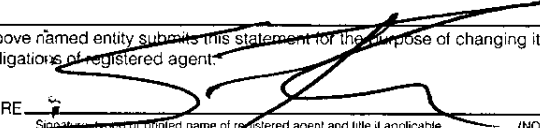
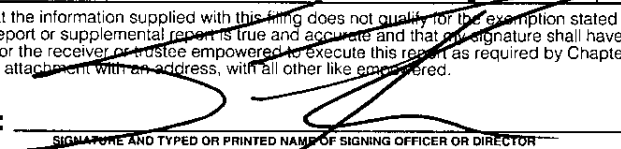


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 21, 2004 8:00 am**  
**Secretary of State**

01-21-2004 90007 013 \*\*\*150.00

<b>DOCUMENT # P02000047275</b> 1. Entity Name <b>ROGATINSKY LAW PARTNERS P.A.</b>																																	
Principal Place of Business <b>129 NW 25TH TERRACE FORT LAUDERDALE, FL 33311</b>			Mailing Address <b>129 NW 25TH TERRACE FORT LAUDERDALE, FL 33311</b>																														
2. Principal Place of Business <b>103 NE 4TH STREET</b>		3. Mailing Address <b>103 NE 4TH STREET</b>																															
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																															
City & State <b>FORT LAUDERDALE FLORIDA</b>		City & State <b>FORT LAUDERDALE FLORIDA</b>		4. FEI Number <b>03-0474348</b>																													
Zip <b>33301</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																													
6. Name and Address of Current Registered Agent  <b>ROGATINSKY, SAMUEL 129 NW 25TH TERRACE FORT LAUDERDALE, FL 33311</b>			7. Name and Address of New Registered Agent Name <b>ROGATINSKY, SAMUEL</b> Street Address (P.O. Box Number is Not Acceptable) <b>103 NE 4TH STREET</b> City <b>FORT LAUD</b> State <b>FL</b> Zip Code <b>33301</b>																														
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  DATE <b>1/13/04</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>																																	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																														
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%; text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td><b>ROGATINSKY, SAMUEL</b></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>129 NW 25TH TERRACE</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>FORT LAUDERDALE, FL 33311</b></td> <td></td> </tr> </table>			TITLE	NAME	Delete	NAME	<b>ROGATINSKY, SAMUEL</b>	<input checked="" type="checkbox"/>	STREET ADDRESS	<b>129 NW 25TH TERRACE</b>		CITY-ST-ZIP	<b>FORT LAUDERDALE, FL 33311</b>		11. <b>President</b> ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%; text-align: center;">Change</td> <td style="width:10%; text-align: center;">Addition</td> </tr> <tr> <td>NAME</td> <td><b>ROGATINSKY, SAMUEL</b></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>103 NE 4TH STREET</b></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>FORT LAUDERDALE, FL 33301</b></td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change	Addition	NAME	<b>ROGATINSKY, SAMUEL</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	STREET ADDRESS	<b>103 NE 4TH STREET</b>			CITY-ST-ZIP	<b>FORT LAUDERDALE, FL 33301</b>		
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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:  DATE <b>1/13/04</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																	