

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000060519

1. Entity Name
ALAN S. FINE, P.A.



Principal Place of Business
2333 PONCE DE LEON BOULEVARD
THE COLONNADE, SUITE 303
CORAL GABLES, FL 33134

Mailing Address
2333 PONCE DE LEON BOULEVARD
THE COLONNADE, SUITE 303
CORAL GABLES, FL 33134



01132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3680681

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

FINE, ALAN S
2333 PONCE DE LEON BOULEVARD
THE COLONNADE, SUITE 303
CORAL GABLES, FL 33134

**DO NOT WRITE
IN THIS SPACE**

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
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000116905

04/16/04-80083-022 150.00

10. OFFICERS AND DIRECTORS

TITLE PS
NAME FINE, ALAN S
STREET ADDRESS 2333 PONCE DE LEON BLVD, STE.503
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/04

305-424-2100
Daytime Phone #