

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000063426

Entity Name: KUBILIUN & NEWKIRK, PA

FILED
Jan 20, 2004
Secretary of State

Current Principal Place of Business:

BRICKELL BAYVIEW CENTRE, SUITE 1720
80 SW 8TH STREET
MIAMI, FL 33130

New Principal Place of Business:

Current Mailing Address:

BRICKELL BAYVIEW CENTRE, SUITE 1720
80 SW 8TH STREET
MIAMI, FL 33130

New Mailing Address:

FEI Number: 75-3065393 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRODY, EVAN J CPA
2500 EAST HALLANDALE BEACH BOULEVARD
SUITE 405
HALLANDALE, FL 33009 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: KUBILIUN, DAVID M
Address: 15630 SW 16TH CT.
City-St-Zip: PEMBROKE PINES, FL 33027

Title: VT () Delete
Name: NEWKIRK, BRETT W
Address: 13353 S.W. 58TH AVENUE
City-St-Zip: PINECREST, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRETT W. NEWKIRK

VT

01/20/2004

Electronic Signature of Signing Officer or Director

_____ Date