

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 12, 2004 8:00 am**  
**Secretary of State**

07-12-2004 90014 027 \*\*\*150.00

**DOCUMENT # P02000069095**

1. Entity Name  
**CLAUDIA N. STOCKI, P.A.**



Principal Place of Business  
**7441 WAYNE AVE UNIT 9-C  
MIAMI BCH, FL 33141**

Mailing Address  
**7441 WAYNE AVE UNIT 9-C  
MIAMI BCH, FL 33141**

11031073



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07012004

Chg-P

CR2E034 (10/03)

4. FEI Number  
**01-0723080**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STOCKI, CLAUDIA N  
7441 WAYNE AVE UNIT 9-C  
MIAMI BCH, FL 33141**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 \$550.00  
Due by September 8, 2004**

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 **D** ☐ Delete  
NAME **STOCKI, CLAUDIA N**  
STREET ADDRESS **7441 WAYNE AVE UNIT 9-C**  
CITY-ST-ZIP **MIAMI BCH, FL 33141**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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NAME  
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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment

44047874

CLAUDIA N. STOCKI, P.A.

7441 Wayne Avenue  
Unit 9-C  
Miami Beach, Florida 33141

Phone: (305) 865-9038

July 1<sup>st</sup>, 2004

Division Of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

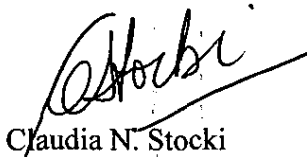
Re: Annual Report  
Document No. P02000069095

To Whom It May Concern:

Enclosed is the annual report for my corporation, Claudia N. Stocki, P.A. and the payment of \$150.00. We never received the initial card to file the annual report by May 1<sup>st</sup>, since this is my first and only corporation I was waiting for the big forms sent the previous year.

Please reinstate my corporation. Should you have any questions, please feel free to contact me.

Sincerely,



Claudia N. Stocki  
Director