


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90216 001 \*\*\*158.75

<b>DOCUMENT # P02000078765</b>		
1. Entity Name <b>DANIEL L. HARKATZ, P.A.</b>		

Principal Place of Business <b>2588 SW 27 AVE MIAMI, FL 33133</b>	Mailing Address <b>2588 SW 27 AVE MIAMI, FL 33133</b>
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**54039538**

2. Principal Place of Business <b>600 THREE ISLANDS BLVD Suite, Apt. #, etc. 1605</b>	3. Mailing Address <b>600 THREE ISLANDS BLVD Suite, Apt. #, etc. 1605</b>
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City & State <b>HALLANDALE BEACH, FL.</b>	City & State <b>HALLANDALE BEACH, FL</b>
Zip <b>33009</b>	Country <b>USA</b>
Zip <b>33009</b>	Country <b>USA</b>

02062004 Chg-P CR2E034 (10/03)

4. FEI Number <b>82-0554525</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>HARKATZ, DANIEL L 2500 PARKVIEW DR. APT. 610 HALLANDALE, FL 33009</b>	
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7. Name and Address of New Registered Agent Name <b>600 THREE ISLANDS BLVD. APT. 1605</b> Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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  **DANIEL L. HARKATZ** DATE **02/06/04**  
(NOTE: Registered Agent signature required when reinstating)

<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>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARKATZ, DANIEL L 2500 PARKVIEW DRIVE APT. 610 HALLANDALE, FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>600 THREE ISLANDS BLVD. APT. 1605</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS HUTIN DE HARKATZ, ELENA M 2500 PARKVIEW DR. APT. #610 HALLANDALE, FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>600 THREE ISLANDS BLVD. APT. 1605</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **DANIEL L. HARKATZ** DATE **02/06/04** (325) 528-4113  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR