


2004 FOR PROEIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000080693	
1. Entity Name HAGEN & PATTERSON, P.A.	

Principal Place of Business 201 WEST FLAGLER STREET MIAMI, FL 33130	Mailing Address 201 WEST FLAGLER STREET MIAMI, FL 33130
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent HAGEN, DAVID A 201 WEST FLAGLER STREET MIAMI, FL 33130

**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when certifying)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAW OFFICE OF DAVID A. HAGEN, P.A. 201 WEST FLAGLER STREET MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PATTERSON, JOHN S 13515 4TH PLAZA EAST BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAGEN, DAVID A 201 WEST FLAGLER STREET MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PATTERSON, JOHN S 13515 4TH PLAZA EAST BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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03/12/04-80037-005 150.00

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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	3-10-04 <small>Date</small>	(305) 378-4200 <small>Daytime Phone #</small>
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