2004 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P02000084476

1. Entity Name LAW OFFICES OF CHARLES L. NEUSTEIN, P.A.



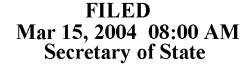
Principal Place of Business

Mailin: , /.ddress

960 ARTHUR GOPFREY ROAD SUITE 401 MIAMI BEACL, FL 33140

960 A RTHUR GODFREY ROAD SUITE 401

MIATII BEACH, FL 33140





DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 16-1641743

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

NEUSTEIN, CHARLES L 960 ARTHUR GODFREY ROAD SUITE 401 MIAMI BEACH, FL 33140

SIGNATURE:

DO NOT WRITE IN THIS SPACE

Date

Daylime Phone #

8. The above the obligat	named entity submits this statement for the tions of registered agent.	ourpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familia, with, and accept
SIGNATURE [NOTE, Registered Agent signs are required when reinstating] Out:					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution			olng 🔲	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIFT	CTORS			<u> </u>
THEF NAME SIREE" ADDRESS CITY-ST-ZIP	D NEUSTEIN, CHARLES LEGQ. 960 ARTHUR GODFREY ROAD SUIT MIAMI BEACH, FL 33140	E 401	110000 008 9361		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					000000089361 03/15/04-80089-002 150.00
TITLE NAME STREET ADDRESS CHY-ST-ZIP			·	DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				157	THIS SPACE
TITLE NAME STREET ADDRESS CITY-SI-ZIP					
NTLE NAME SPIEET ADDRESS CITY - ST- ZIP					
12 I hereby certify that the information supplied with this filling 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 supplied and injury and accurate and injury my signature shall have the same legal effect as if made under path, that I am an officer or director of the corporation or the receiper of trustee employeers to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if					