

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000095978

1. Entity Name
KHOURI PUSTORINO ASSOCIATES, P.A.



Principal Place of Business
9565 NW 28 ST
CORAL SPRINGS, FL 33065

Mailing Address
9565 NW 28 ST
CORAL SPRINGS, FL 33065



02142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
55-0798030

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KHOURI, PEDRO R
9565 NW 28 ST
CORAL SPRINGS, FL 33065

**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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when certifying)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000115970
04/16/04-80046-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	KHOURI, PEDRO R
STREET ADDRESS	9565 NW 28 ST
CITY- ST- ZIP	CORAL SPRINGS, FL 33065
TITLE	VS
NAME	PUSTORINO, RICHARD E
STREET ADDRESS	ONE ONEIDA LN
CITY- ST- ZIP	COMMACK, NY 11725
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 #

Richard E. Pustorino, V.P. RICHARD E. PUSTORINO APRIL 9, 2004 (954) 227-1707