

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90083 008 ***150.00

DOCUMENT # P02000097237

1. Entity Name

LAW OFFICES OF PENALTA & STIGER, P.A.



Principal Place of Business

1200 N. FEDERAL HIGHWAY
STE. 200-21
BOCA RATON FL 33432

Mailing Address

P.O. BOX 1203
BOCA RATON FL 33429

2. Principal Place of Business

225 N.E. MIZNER BLVD.

3. Mailing Address

Suite, Apt. #, etc.
P.O. BOX 1203

Suite, Apt. #, etc.
SUITE 300

City & State
BOCA RATON FL.

City & State
BOCA RATON, FL.

Zip
33432

Country

Zip
33429

Country

MOORE CR2E034 (11/03)

4. FEI Number
13-4217512

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PENALTA, ALEXANDER
1200 N. FEDERAL HIGHWAY
STE. 200-21
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name: PENALTA, ALEXANDER
Street Address (P.O. Box Number is Not Acceptable)
225 N.E. MIZNER BLVD. SUITE 300
City: BOCA RATON FL Zip Code: 33432

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]

3/30/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: D ☐ Delete
NAME: PENALTA, ALEXANDER
STREET ADDRESS: 1200 N. FEDERAL HIGHWAY, SUITE 200-21
CITY-ST-ZIP: BOCA RATON FL 33432

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
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TITLE: ☐ Delete
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TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PRESIDENT ☒ Change ☐ Addition
NAME: PENALTA, ALEXANDER
STREET ADDRESS: 225 N.E. MIZNER BLVD. SUITE 300
CITY-ST-ZIP: BOCA RATON, FL. 33432

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

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

TITLE: ☐ Change ☐ Addition
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CITY-ST-ZIP:

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

TITLE: ☐ Change ☐ Addition
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/04

Date

(561) 305-5297

Daytime Phone #