2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# P02000132031

Entity Name: ERIK SZCZEPKOWSKI, PA

Current Principal Place of Business:

1700 ADAMS STREET
SUITE C
HOLLYWOOD, FL 33020 US

New Principal Place of Business:

Current Mailing Address:

1700 ADAMS STREET
SUITE C
HOLLYWOOD, FL 33020 US

New Mailing Address:

FEI Number: 41-2071344 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SZCZEPKOWSKI, ERIK
1700 ADAMS STREET
HOLLYWOOD, FL 33019 US

Name and Address of New Registered Agent:

SZCZEPKOWSKI, ERIK
1700 ADAMS STREET
SUITE C
HOLLYWOOD, FL 33019 US

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.

SIGNATURE: ERIK SZCZEPKOWSKI 04/29/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SZCZEPKOWSKI, ERIK
Address: 1700 ADAMS STREET
City-St-Zip: HOLLYWOOD, FL 33020

Title: VP ( ) Delete
Name: SZCZEPKOWSKI, DORIS
Address: PO BOX 220550
City-St-Zip: HOLLYWOOD, FL 33022

Title: S ( ) Delete
Name: SZCZEPKOWSKI, BARBARA
Address: 1700 ADAMS STREET
City-St-Zip: HOLLYWOOD, FL 33020

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: SZCZEPKOWSKI, DORIS
Address: 2323 DEL PRADO BLVD #7-215
City-St-Zip: CAPE CORAL, FL 33990

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DORIS SZCZEPKOWSKI VP 04/29/2004
Electronic Signature of Signing Officer or Director Date