2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #P02000135110

1. Entity Name FRED DEFALCO, JR., P.A.

Principal Place of Business

2499 GLADES ROAD

#313 BOCA RATON, FL 33431 Mailing Address

2499 GLADES ROAD

#313

DO NOT WRITE IN THIS SPACE

BOCA RATON, FL 33431

FILED Mar 18, 2004 08:00 AM Secretary of State



03112004

No Chg-P

CR2E034 (10/03)

(4) FEI Number 92-0178892

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DEFALCO, FRED JR. 2499 GLADES ROAD #313 BOCA RATON, FL 33431			DO NOT WRITE IN THIS SPACE			
	named entity submits this statement for the pions of registered agent.	ourpose of changing its registered of	fice or re	gistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE Registered				Agent signature required whon reinstaling) DATE		
	E NOWIII FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.) _□	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEFALCO, FRED JR. 2499 GLADES RD. #313 BOCA RATON, FL 33431				U00000092038	
ritle Name Street address City-ST-ZIP					03/18/04-80033-005 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS CXTY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TIFLE						

12. I hereby certify that the information supplied with this filting 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: ≤

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-04

561-702-3751