


FILED
Feb 24, 2004 8:00 am
Secretary of State

02-06-2004 90031 033 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000008460			
1. Entity Name ERNEST S. CARUSO, D.C., P.A.			
Principal Place of Business 7803 WEST COUNTRY CLUB BLVD. BOCA RATON, FL 33487		Mailing Address 7803 WEST COUNTRY CLUB BLVD. BOCA RATON, FL 33487	
2. Principal Place of Business 5541 Wishing Star Lane Suite, Apt. #, etc.		3. Mailing Address 5541 Wishing Star Lane Suite, Apt. #, etc.	
City & State Greenacres FL		City & State Greenacres	
Zip 33463	Country	Zip 33463	Country
4. FEI Number 010766606		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CARUSO, ERNEST S JR. 7803 WEST COUNTRY CLUB BLVD. BOCA RATON, FL 33487		7. Name and Address of New Registered Agent Name CARUSO, ERNEST S JR. Street Address (P.O. Box Number is Not Acceptable) 5541 WISHING STAR LANE City Greenacres FL Zip Code 33463	
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: Ernest S Caruso PC PA 2/4/04 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		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.VP CARUSO, ERNEST S JR. 7803 WEST COUNTRY CLUB BLVD. BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5541 WISHING STAR LANE Greenacres FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Ernest S Caruso PC PA 2/4/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE: 2/4/04 Daytime Phone #	