


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90387 014 \*\*\*150.00

<b>DOCUMENT # P03000009961</b>	
1. Entity Name <b>MICHAEL D. DICEMBRE, PA</b>	

Principal Place of Business <b>ONE SOUTH ORANGE AVENUE SUITE 304 ORLANDO, FL 32801</b>	Mailing Address <b>ONE SOUTH ORANGE AVENUE SUITE 304 ORLANDO, FL 32801</b>
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**44029937**



2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip	3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip
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03182004 Chg-P CR2E034 (10/03)

4. FEI Number <b>11-0443239</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>DICEMBRE, MICHAEL D ONE SOUTH ORANGE AVENUE SUITE 304 ORLANDO, FL 32801</b>	
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7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DICEMBRE, MICHAEL D ONE SOUTH ORANGE AVENUE #304 ORLANDO, FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DICEMBRE, MICHAEL D ONE SOUTH ORANGE AVENUE #304 ORLANDO, FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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
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.

<b>SIGNATURE:</b> _____	<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>	Date <b>3/18/04</b>	Daytime Phone # _____
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*Attachment*  
44029937  
Michael D. Dicembre

*Attorney at Law*

PO3000009961

*One South Orange Avenue - Suite 304*

*Orlando, Florida 32801*

*(407) 649.1999*

*(407) 649.1657 Fax*

April 15, 2004

Division of Corporations

P.O. Box 1500

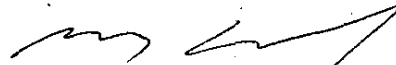
Tallahassee, Florida 32302-1500

Re: 2004 For Profit Corporation Annual Report

Dear Sir/Madam,

Enclosed, please find my '2004 For Profit Corporation Annual Report' for my law office. I have additionally enclosed, as required, a check made payable to the 'Division of Corporations' in the amount of One Hundred Fifty (\$150.00) Dollars. If any additional information of any nature is needed upon your receipt and review of these materials please do not hesitate to contact my office at your convenience. I want to thank you in advance for your anticipated time and attention to this matter.

With Assurances,



Michael D. Dicembre, Esq.

Enclosures

MDD/tp

cc: Patrick Burns, CPA