## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 30, 2004 8:00 am Secretary of State

DOCUMENT # P03000010242  1. Entity Name LANDAU & SEGAL, P.A.							^	04-:	30-2004 903	361 034 **	**150.00
Principal Place 1926 HOLLY 302 HOLLYWOOD,	WOOD BOU	LEVARD	Mailing Address 1926 HOLLYWOOD BOULEVARD 302 HOLLYWOOD, FL 33020			44041817					
2. Principal Pl 213! Suite, Apt.	Hollyw	ess ad Blvd.	3. Mailing Address 2.131 Hollywood Blud. Suite, Apt. #, etc.					0005	ENIE 11811 21214 112		
Ste. 503 City & State Hollywood, FL			Ste. 503 City & State Hollywood, FL				04282004 4. FEI Number	Chg-P	.567		plied For t Applicable
3302 c	•	Country Broward	Zip 33020	Coun	try Sward		5. Certificate	of Status Desi		\$8.75 Add Fee Required	itional
	6. Name	and Address of Current	Registered Agent						ew Registered	Agent	
SEGAL, JACOB E Segal,											
1926 HOLLYWOOD BOULEVARD 302					Street Address (P.O. Box Number is Not Acceptable) 2131 Helly wood Blvd						
HOLLYWOOD, FL 33020					8	اد 5	503				
,						City Hollywood FL 33026					
8. The above the obligation SIGNATURE_	ions of regis	y submits this statement for lered agent.	r the purpose of changing its		ed office or	register		th, in the State	of Florida. I am	familiar with,	
FILI After Ma	E NOW!!! by 1,200	FEE IS \$150.00 4 Fee will be \$550.0	9. Election Campa Trust Fund Con	-	ncing		00 May Be ed to Fees				
10.		OFFICERS AND	DIRECTORS	11.				CHANGES TO	OFFICERS AND	DIRECTORS	3 IN 11
NAME STREET ADDRESS CITY-S1-ZIP	DVT Delete LANDAU, MATTHEW D 1926 HOLLYWOOD BOULEVARD, SUITE 302 HOLLYWOOD, FL 33020				e E address - St - Zip	Lan 2131	It day Mat Hollywoo ywood	X BIM	959 214' 203	<b>C</b> hange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS SEGAL, JACOB E 1926 HOLLYWOOD BOULEVARD, SUITE 302 HOLLYWOOD, FL 33020				E E Et address -st-zip	Sega 2131	2	E , j Blud,	ste.503	<b>™</b> Change	Addition
1ITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete				7000000	<del></del>		Change	Addition
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NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						·	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete							☐ Change	Addition
12. I hereby of indicated	certify that the	e information supplied with	this filing does not qualify for true and accurate and that	r the exe	mption stat	ed in Se	ction 119.07(3)	(i), Florida Stat	utes. I further ce	rtify that the in	formation or director

12. I hereby certify that the information supplied with this filling 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 given like empowered.

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.28.04.

(954) 981-0630

Date

Daytime Phone #