

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90129 003 ***150.00

DOCUMENT # P03000011692

1. Entity Name

LAW OFFICES OF COREY LEIFER, P.A.



Principal Place of Business

7200 NW 2ND AVENUE
SUITE #18
BOCA RATON, FL 33487

Mailing Address

7200 NW 2ND AVENUE
SUITE #18
BOCA RATON, FL 33487

2. Principal Place of Business

370 WEST CAMINO GARDENS BLVD.

Suite, Apt. #, etc.

Suite 300

3. Mailing Address

370 WEST CAMINO GARDENS BLVD.

Suite, Apt. #, etc.

Suite 300

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33432

Country

U.S.A.

Zip

33432

Country

USA

03042004

Chg-P

CR2E034 (10/03)

4. FEI Number

51-0455373

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEIFER, COREY

7200 NW 2ND AVENUE
SUITE #18
BOCA RATON, FL 33487

7. Name and Address of New Registered Agent

Name

COREY LEIFER

Street Address (P.O. Box Number is Not Acceptable)

370 WEST CAMINO GARDENS BLVD.

Suite 300

City

Boca Raton

FL

Zip Code

33432

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

COREY LEIFER

4/25/04

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.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME LEIFER, COREY
STREET ADDRESS 7200 NW 2ND AVENUE, SUITE #18
CITY-ST-ZIP BOCA RATON, FL 33487

☐ Delete

TITLE
NAME
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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

COREY LEIFER

Date

4/25/04

Daytime Phone #

561-395-8055