


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 02, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90040 035 \*\*\*150.00

DOCUMENT # P03000012211			
1. Entity Name SANDRA JEAN GOLDMAN, P.A.			
Principal Place of Business 5300 NW 33RD AVE., SUITE 117 FT. LAUDERDALE FL 33309		Mailing Address 5300 NW 33RD AVE., SUITE 117 FT. LAUDERDALE FL 33309 <i>9830 C Boca Gardens TRAIL</i>	
2. Principal Place of Business		3. Mailing Address <i>9830 C Boca Gardens TRAIL</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>Boca Raton FL</i>	
Zip		Zip <i>33496</i>	
Country		Country <i>USA</i>	
4. FEI Number <i>71-0936197</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  SERCHAY, ALLAN 5300 NW 33RD AVE., SUITE 117 FT. LAUDERDALE FL 33309		7. Name and Address of New Registered Agent  Name Street Address (P. O. Box Number is Not Acceptable) City <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 <i>Sandra Goldman</i>		DATE <i>3-24-04</i>	
SIGNATURE, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2004 Fee will be \$350.00 Make Check Payable to Florida Department of State		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	D GOLDMAN, SANDRA J 9830C BOCA GARDENS TRAIL BOCA RATON FL 33496 <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
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Sandra Goldman</i>		Date <i>3/24/04</i> Daytime Phone # <i>1-561-213-5391</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	