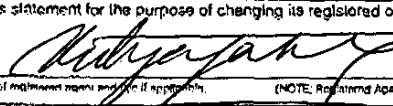
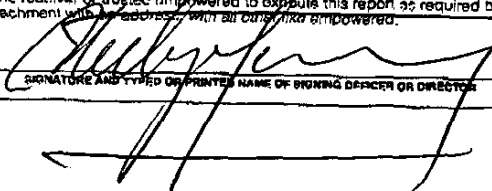


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90332 037 ***150.00

DOCUMENT # P03000031778			
1. Entity Name LAW OFFICES OF HEDY TAHBAZ, P.A.			
Principal Place of Business 42 NW 27 AVE STE 306 MIAMI, FL 33125		Mailing Address 42 NW 27 AVE STE 306 MIAMI, FL 33125	
2. Principal Place of Business 5448 HOFFNER Rd.		3. Mailing Address SAME	
Suite, Apt. #, etc. 407		Suite, Apt. #, etc.	
City & State Orlando, FL		City & State	
Zip 32812		Country USA	
6. Name and Address of Current Registered Agent TAHBAZ, HEDY 42 NW 27 AVE STE 306 MIAMI, FL 33125		7. Name and Address of New Registered Agent Name HEDY TAHBAZ Street Address (P.O. Box Number is Not Acceptable) 5448 HOFFNER Rd # 407 City Orlando FL Zip Code 32812	
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:  DATE: 4/26/04			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	0 TAHBAZ, HEDY 42 NW 27 AVE STE 306 MIAMI, FL 33125 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAHBAZ, Hedy ☒ Change ☐ Addition 5448 HOFFNER Rd # 407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Orlando, FL 32812 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS 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 changes empowered.			
SIGNATURE: 		4/26/04 407736 1220	

14014068



04222004 Chg-P CR2E034 (10/03)

4. FEI Number ☐ Applied For ☒ Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

(NOTE: Registered Agent signature required when mailing)