04/26/2004 14:10 305-666-1907 M P CROUCHI

FILED
Apr 29, 2004 8:00 am
Secretary of State
04-29-2004 90332 037 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000031778

1. Entity Name
LAW OFFICES OF HEDY TAHBAZ, P.A.

14U14068

Principal Place of Business	Mailing Address
42 NW 27 AVE STE 306 MIAMI, FL 33125	42 NW 27 AVE STE 306 MIAMI, FL 33125

04222004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
5448 HOFFNER Rd.	SAME
Suite, Apt. #, etc. 407	Suite, Apt. #, etc.
City & State Orlando, FL	City & State
Zip 32812 Country USA	Zip Country

4. FEI Number ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TAHBAZ, HEDY 42 NW 27 AVE STE 306 MIAMI, FL 33125	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 [signature] 4/26/04
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAHBAZ, HEDY 42 NW 27 AVE STE 306 MIAMI, FL 33125	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAHBAZ, Hedy 5448 HoFFNER Rd #407 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
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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 other like empowered.

SIGNATURE: [signature] 4/26/04 4077361220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #