

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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**FILED**  
**Apr 01, 2004 8:00 am**  
**Secretary of State**

03-17-2004 90044 033 \*\*\*150.00

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02182004 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P03000044255</b>	
<b>1. Entity Name</b> ROSENBLUM TAX ADVISORY GROUP, INC.	

<b>Principal Place of Business</b> 4601 WINDWARD COVE LANE WELLINGTON, FL 33467	<b>Mailing Address</b> 4601 WINDWARD COVE LANE WELLINGTON, FL 33467
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<b>2. Principal Place of Business</b> 1903 S. Congress Ave Suite, Apt. #, etc. 455 City & State Boynton Beach FL Zip 33426	<b>3. Mailing Address</b> Suite, Apt. #, etc. City & State Zip Country
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<b>4. FEI Number</b> 06-1690605	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b> SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	<b>7. Name and Address of New Registered Agent</b> Name Marilyn Rosenblum Street Address (P.O. Box Number is Not Acceptable) 4601 Windward Cove Ln. City Wellington FL Zip Code 33467
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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 Marilyn Rosenblum Marilyn Rosenblum VP 3-15-04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing) DATE

<b>FILE NOW!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ROSENBLUM, BARRY 4601 WINDWARD COVE LANE WELLINGTON, FL 33467 <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	VTD ROSENBLUM, MARILYN 4601 WINDWARD COVE LANE WELLINGTON, FL 33467 <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
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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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

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: Marilyn Rosenblum 3-15-04 561 791-4863  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone