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Mar 22, 2004 8:00 am
Secretary of State
03-10-2004 90020 049 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000050612

1. Entity Name
BRIAN CARTER, P.A.

Principal Place of Business	Mailing Address
3206 CALLE LARGO STREET HOLLYWOOD, FL 33021	3206 CALLE LARGO STREET HOLLYWOOD, FL 33021

66407200

03022004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2006 BISCAYNE BLVD	2006 BISCAYNE Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33137 Country: USA	Zip: 33137 Country: USA

4. FEI Number 02-0691008 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CARTER, BRIAN
3206 CALLE LARGO STREET
HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent

Name: BRIAN CARTER
Street Address (P.O. Box Number is Not Acceptable): 2006 BISCAYNE BLVD
City: MIAMI FL Zip Code: 33137

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] PA 3/7/04
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	P,D CARTER, BRIAN ~~3206 CALLE LARGO STREET~~ ~~HOLLYWOOD, FL 33021~~	☐ 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

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] 3/7/04 305 582 0424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #