FILED
Jan 20, 2004 8:00 am
Secretary of State
01-20-2004 90054 018 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000060008

1. Entity Name
MELAMED & KARP, P.A.

Principal Place of Business
12000 BISCAYNE BLVD., STE. 405
NORTH MIAMI, FL 33181

Mailing Address
12000 BISCAYNE BLVD., STE. 405
NORTH MIAMI, FL 33181

01122004 Chg-P CR2E034 (10/03)

2. Principal Place of Business: 12460 W. ATLANTIC BLVD
Suite, Apt. #, etc.
City & State: CORAL SPRINGS, FL
Zip: 33071 Country: USA

3. Mailing Address: 12460 W. ATLANTIC BLVD.
Suite, Apt. #, etc.
City & State: CORAL SPRINGS, FL
Zip: 33071 Country: USA

4. FEI Number: 20-0026986 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
BLOOM, JONATHAN ESQ.
2295 NW CORPORATE BLVD., STE. 117
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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
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

TITLE	PD	☐ Delete
NAME	MELAMED, ELLIOT	
STREET ADDRESS	12000 BISCAYNE BLVD., STE. 405	
CITY-ST-ZIP	NORTH MIAMI, FL 33181	
TITLE	VSD	☐ Delete
NAME	KARP, STEVEN	
STREET ADDRESS	12000 BISCAYNE BLVD., STE. 405	
CITY-ST-ZIP	NORTH MIAMI, FL 33181	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	12460 W. ATLANTIC BLVD	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS	12460 W. ATLANTIC BLVD	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #