2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State
04-21-2004 90092 045 ***150.00

DOCUMENT # P03000064051

1. Entity Name
SOICHER, BITRAN AND ASSOCIATES, INC.

Principal Place of Business	Mailing Address
848 BRICKELL AVENUE 10TH FLOOR, SUITE 1005 MIAMI, FL 33131	848 BRICKELL AVENUE 10TH FLOOR, SUITE 1005 MIAMI, FL 33131

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip | Country	Zip | Country

02272004   Chg-P   CR2E034 (10/03)

4. FEI Number
20-0067151

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
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	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 **$5.00** May Be
Trust Fund Contribution. ☐ Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	SOICHER, OSCAR		NAME			
STREET ADDRESS	848 BRICKELL AVENUE 10TH FLOOR SUITE 1005		STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP			
TITLE	VD	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	BITRAN, DANIELA		NAME			
STREET ADDRESS	848 BRICKELL AVENUE 10TH FLOOR SUITE 1005		STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP			
TITLE	STD	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	SOICHER, SYLVIA E		NAME			
STREET ADDRESS	848 BRICKELL AVENUE 10TH FLOOR SUITE 1005		STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			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: _____ DANIELA BITRAN   04/01/04   (305) 213008.1
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #