2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 13, 2004 8:00 am
Secretary of State

04-20-2004 90035 043 ***150.00

66421432

MOORE CR2E034 (11/03)

DOCUMENT # P03000081788

1. Entity Name

MICHAEL A. DECARLO, JR. C.P.A., P.A.

Principal Place of Business	Mailing Address
% MORRISON BROWN ARGIZ & COMPANY LLP 1001 BRICKELL BAY DRIVE 9TH FLOO9R MIAMI FL 33131	% MORRISON BROWN ARGIZ & COMPANY LLP 1001 BRICKELL BAY DRIVE 9TH FLOO9R MIAMI FL 33131

2. Principal Place of Business	3. Mailing Address
DeCarlo + Teper LLP	DeCarlo + Teper LLP
Suite, Apt. #, etc.: 801 Brickell Ave - 9th FL	Suite, Apt. #, etc.: P.O. Box 31-0115
City & State: Miami, FL	City & State: Miami, FL
Zip: 33131 Country: USA	Zip: 33231-0115 Country: USA

4. FEI Number 113698326 ☐ 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
~~TORGAS, ED S~~ ~~1001 BRICKELL BAY DRIVE~~ ~~9TH FLOOR~~ ~~MIAMI FL 33131~~	Name: Michael A. DeCarlo, Jr. Street Address (P.O. Box Number is Not Acceptable): 801 Brickell Ave. 9th Floor City: Miami FL Zip Code: 33131

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: Michael A. DeCarlo, Jr. DATE: 4/13/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

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: D NAME: ~~DECARLO, MICHAEL A JR~~ STREET ADDRESS: ~~1001 BRICKELL BAY DRIVE 9TH FLOOR~~ CITY-ST-ZIP: MIAMI FL 33131	☐ Delete	TITLE NAME: Michael A. DeCarlo, Jr. STREET ADDRESS: 801 Brickell Ave 9th Floor CITY-ST-ZIP: Miami FL 33131	☒ 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
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
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: Michael A. DeCarlo, Jr. — Date: 4/13/04 — Daytime Phone #: 305-789-6759

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR