


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

03-19-2004 90035 029 ***150.00

DOCUMENT # P03000100357 1. Entity Name HALPERIN & ASSOCIATES INC					
Principal Place of Business 377 TILFORD R DEERFIELD BEACH FL 33442			Mailing Address 377 TILFORD R DEERFIELD BEACH FL 33442		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 11-3703588	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HALPERIN, HARVEY 377 TILFORD R DEERFIELD BEACH FL 33442				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
B. 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: <i>Harvey Halperin</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: <i>Harvey Halperin</i> <input type="checkbox"/> Delete NAME: <i>377 Tilford R</i> STREET ADDRESS: <i>Deerfield Bch, FL 33442</i> CITY-ST-ZIP:			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: <i>President</i> <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Harvey Halperin</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

66409552



MOORE CR2E034 (11/03)

3/27/04