2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 02, 2004 8:00 am
Secretary of State
05-03-2004 91258 042 ***150.00

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DOCUMENT # P03000102509

1. Entity Name
THE SOUTH FLORIDA ASSOCIATION FOR HEARING AWARENESS, INC.

Principal Place of Business	Mailing Address
2301 W SAMPLE RD BLDG 4 SUITE 1A POMPANO BEACH, FL 33073	2301 W SAMPLE RD BLDG 4 SUITE 1A POMPANO BEACH, FL 33073

66429339

04282004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
6221 N. UNIVERSITY DR	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMARAC, FL	City & State:
Zip: 33321 Country: USA	Zip: Country:

4. FEI Number: 81-0632793 ☐ Applied For ☒ Not Applicable

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

6. Name and Address of Current Registered Agent

FISHMAN, ALAN S ESQ
2301 W SAMPLE RD
BLDG 4 SUITE 1A
POMPANO BEACH, FL 33073

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIORDANELLI, PERRY 6221 N UNIVERSITY DR TAMARAC, FL 33321	☐ 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] 4-29-04 954-748-1588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

A Fishman B 66429339

ALAN FISHMAN & ASSOCIATES, P.A.

ATTORNEYS AT LAW

P03000102509

ALAN S. FISHMAN
MARITAL LAW
CRIMINAL LAW
BUSINESS LAW
MICHAEL R. VINES

OF COUNSEL
KENNETH H. TRIBUCH, P.A.

2301 WEST SAMPLE ROAD
BUILDING 4, SUITE 1A
POMPANO BEACH, FLORIDA 33073

BROWARD/BOCA RATON (954) 975-7800
PALM BEACH (561) 732-1755
FAX (954) 978-7399

June 10, 2004

Secretary of State
Division of Corporations
P.O. Box #1500
Tallahassee, FL 32302

Re: The South Florida Association for Hearing Awareness, Inc.

Dear Sirs:

Enclosed please find the copy of the UBR with the FEIN added.

Should you have any questions or require any further information, please do not hesitate to contact this office.

Your courtesy and cooperation is appreciated.

Respectfully,

Alan S. Fishman

Alan S. Fishman, Esq.

ASF:mc
Encl.

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