

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90735 035 \*\*\*150.00

**DOCUMENT # P03000102589**

**1. Entity Name**

**DANIEL SIMON ASSOCIATES INC.**



**Principal Place of Business**

**1745 SW 13 AVE  
MIAMI FL 33145**

**Mailing Address**

**1745 SW 13 AVE  
MIAMI FL 33145**

**94057716**



**MOORE**

**CR2E034 (11/03)**

**2. Principal Place of Business**

**21 Edgewater Dr., #5**

**3. Mailing Address**

**21 Edgewater Drive**

**Suite, Apt. #, etc.**

**Suite, Apt. #, etc.**

**#5**

**City & State**

**Coconut Grove FL**

**City & State**

**Coconut Grove FL**

**4. FEI Number**

**42-1604974**

**Applied For**

**Not Applicable**

**Zip**

**33133**

**Country**

**USA**

**Zip**

**33133**

**Country**

**USA**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**SIMON, DANIEL  
1745 SW 13 AVE  
MIAMI FL 33145**

**7. Name and Address of New Registered Agent**

**Name Simon, Daniel**

**Street Address (P.O. Box Number is Not Acceptable)**

**21 Edgewater Drive #5**

**City Coconut Grove**

**FL**

**Zip Code  
33133**

**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**

*Daniel Simon*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**4-15-04**

**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**

**TITLE DPVS** ☐ Delete  
**NAME SIMON, DANIEL**  
**STREET ADDRESS 1745 SW 13 AVE**  
**CITY-ST-ZIP MIAMI FL 33145**

**TITLE T** ☐ Delete  
**NAME SIMON, DANIEL**  
**STREET ADDRESS 1745 SW 13 AVE**  
**CITY-ST-ZIP MIAMI FL 33145**

**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**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**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:**

*Daniel Simon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-15-04**