


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

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

04-05-2004 90073 027 \*\*\*150.00

**DOCUMENT # P03000103889**

1. Entity Name  
**LAW OFFICES OF NORMAN MALINSKI, P.A.**



Principal Place of Business      Mailing Address  
**2875 NORTHEAST 191 STREET**      **2875 NORTHEAST 191 STREET**  
**SUITE 508**      **SUITE 508**  
**AVENTURA, FL 33180**      **AVENTURA, FL 33180**

94044174

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



03302004      Chg-P      CR2E034 (10/03)

4. FEI Number <b>20-0233842</b>		Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent	
7. Name and Address of New Registered Agent		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
1. Name MALINSKI, NORMAN 2875 NORTHEAST 191 STREET SUITE 508 AVENTURA, FL 33180	<input type="checkbox"/> D <input type="checkbox"/> U.S. <input type="checkbox"/> P	1. Name	<input type="checkbox"/> Y. <input type="checkbox"/> B. <input type="checkbox"/> P
	<input type="checkbox"/> D <input type="checkbox"/> U.S. <input type="checkbox"/> P		<input type="checkbox"/> Y. <input type="checkbox"/> B. <input type="checkbox"/> P
	<input type="checkbox"/> D <input type="checkbox"/> U.S. <input type="checkbox"/> P		<input type="checkbox"/> Y. <input type="checkbox"/> B. <input type="checkbox"/> P
	<input type="checkbox"/> D <input type="checkbox"/> U.S. <input type="checkbox"/> P		<input type="checkbox"/> Y. <input type="checkbox"/> B. <input type="checkbox"/> P
	<input type="checkbox"/> D <input type="checkbox"/> U.S. <input type="checkbox"/> P		<input type="checkbox"/> Y. <input type="checkbox"/> B. <input type="checkbox"/> P
	<input type="checkbox"/> D <input type="checkbox"/> U.S. <input type="checkbox"/> P		<input type="checkbox"/> Y. <input type="checkbox"/> B. <input type="checkbox"/> P

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:** \_\_\_\_\_ **3-31-04** **305 937-4242**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #