

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000116471

FILED  
Apr 29, 2004  
Secretary of State

Entity Name: ANASTASIA MICHAELS, P.A.

## Current Principal Place of Business:

1825 MAIN ST STE 105  
WESTON, FL 33326

## New Principal Place of Business:

1825 MAIN ST  
SUITE 105  
WESTON, FL 33326

## Current Mailing Address:

1825 MAIN ST STE 105  
WESTON, FL 33326

## New Mailing Address:

1825 MAIN ST  
SUITE 105  
WESTON, FL 33326

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

## Name and Address of New Registered Agent:

MICHAELS, ANASTASIA  
1825 MAIN STREET  
SUITE 105  
WESTON, FL 33326 US

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.

SIGNATURE: ANASTASIA MICHAELS

04/29/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: MICHAELS, ANASTASIA  
Address: 1825 MAIN ST STE 105  
City-St-Zip: WESTON, FL 33326

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANASTASIA MICHAELS

PSTD

04/29/2004

Electronic Signature of Signing Officer or Director

Date