2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 14, 2004 8:00 am
Secretary of State

04-20-2004 90035 004 ***150.00

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MOORE CR2E034 (11/03)

DOCUMENT # P03000123831

1. Entity Name

THOMAS C. TEPER, C.P.A., P.A.

Principal Place of Business	Mailing Address
401 E LAS OLAS BLVD, 14TH FLOOR C/O DECARLO & TEPER FT LAUDERDALE FL 33301	401 E LAS OLAS BLVD, 14TH FLOOR C/O DECARLO & TEPER FT LAUDERDALE FL 33301

2. Principal Place of Business	3. Mailing Address
DeCarlo + Teper LLP	DeCarlo + Teper LLP
Suite, Apt. #, etc.: 801 Brickell Ave. 9th FL	Suite, Apt. #, etc.: 801 Brickell Ave. 9th FL
City & State: Miami, FL	City & State: Miami, FL
Zip: 33131 Country: USA	Zip: 33131 Country: USA

4. FEI Number: 20-1057435 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TEPER, THOMAS C 401 E LAS OLAS BLVD, 14TH FLOOR FT LAUDERDALE FL 33301	Name: Thomas C Teper Street Address (P.O. Box Number is Not Acceptable): 801 Brickell Ave 9th Floor City: Miami FL Zip Code: 33131

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] Thomas C. Teper 4/14/04
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
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TEPER, THOMAS C 401 E LAS OLAS BLVD, 14TH FLOOR FT LAUDERDALE FL 33301 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition Thomas C Teper 801 Brickell Ave, 9th Floor Miami, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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] 4/14/04 (305) 789-6759
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #