2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 13, 2004 8:00 am
Secretary of State

07-23-2004 90002 040 ***150.00
08-13-2004 90074 015 ***400.00

DOCUMENT # P03000125778

1. Entity Name
MONICA GUZDZIOL, P.A.

24079952

07192004 Chg-P CR2E034 (10/03)

Principal Place of Business
3981 NEWPORT AVENUE
BOYNTON BEACH, FL 33436 US

Mailing Address
3981 NEWPORT AVENUE
BOYNTON BEACH, FL 33436 US

2. Principal Place of Business: 9506 Campi Drive
Suite, Apt. #, etc.
City & State: Lake Worth FL
Zip: 33467 Country: US

3. Mailing Address: 9506 Campi Drive
Suite, Apt. #, etc.
City & State: Lake Worth FL
Zip: 33467 Country: US

4. FEI Number: 90-0127569 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
GUZDZIOL, MONICA PRES
3981 NEWPORT AVENUE
BOYNTON BEACH,, FL 33436

7. Name and Address of New Registered Agent
Name: Guzdziol, Monica Pres
Street Address (P.O. Box Number is Not Acceptable): 9506 Campi Drive
City: Lake Worth FL Zip Code: 33467

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: Monica Guzdziol, Monica Guzdziol DATE: 7/19/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

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	PRES GUZDZIOL, MONICA 3981 NEWPORT AVENUE BOYNTON BEACH, FL 33436	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres Guzdziol, Monica 9506 Campi Dr. Lake Worth, FL 33467	☑ 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: Monica Guzdziol, Monica Guzdziol 7/19/04 561-703-8626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #