

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000128779

Entity Name: STANLEY KISZKIEL, P.A.

FILED  
Mar 25, 2004  
Secretary of State

**Current Principal Place of Business:**

710 N.W. 97TH TERR.  
PEMBROKE PINES, FL 330246243

**New Principal Place of Business:**

9000 SHERIDAN STREET  
SUITE 100, PMB 11  
PEMBROKE PINES, FL 33024

**Current Mailing Address:**

710 N.W. 97TH TERR.  
PEMBROKE PINES, FL 330246243

**New Mailing Address:**

9000 SHERIDAN STREET  
SUITE 100, PMB 11  
PEMBROKE PINES, FL 33024

FEI Number: 86-1086666

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KISZKIEL, STANLEY  
710 N.W. 97TH TERR.  
PEMBROKE PINES, FL 330246243

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: KISZKIEL, STANLEY  
Address: 710 N.W. 97TH TERR.  
City-St-Zip: PEMBROKE PINES, FL 330246243

**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: STANLEY KISZKIEL

D

03/25/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date