

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 20, 2004 8:00 am**  
**Secretary of State**

05-20-2004 90007 023 \*\*\*150.00

44043770



03112003 Chg-P CR2E034 (10/03)

4. FEI Number **88-0516954** Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

KAUFMAN, MICHAEL  
12550 BISCAYNE BLVD STE 403  
NORTH MIAMI, FL 33181

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE	PIS/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KAUFMAN, MICHAEL			NAME			
STREET ADDRESS	12550 BISCAYNE BLVD STE 403			STREET ADDRESS			
CITY-ST-ZIP	NORTH MIAMI, FL 33181			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL KAUFMAN 5/16/04

Date

Daytime Phone #

ATTACHMENT

44045778

**DiRocco & Company, C.P.A.  
3601 W. Commercial Blvd.  
Suite 39  
Fort Lauderdale, FL 33309**

May 17, 2004

Secretary of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE: Michael Kaufman, P.A.  
Document #P0400000059

Gentlemen,

Please be advised that this is an initial filing for the above referenced corporation. Our client claims that he had no knowledge of the filing requirement for 2004 due to the fact that his corporate effective date was to be January 1, 2004. The paperwork was faxed on Dec. 29, 2003 and the state's process date hand written on the document was 01/02/2004. Furthermore, he did not receive the postcard notice that he was to file a 2004 Annual Report. It was never his intention not to adhere to all rules and regulations.

We are enclosing a check in the amount of \$150.00. Our client will file all future reports on a timely basis.

Thanking you in advance for your assistance and cooperation in this matter. I am,

Very truly yours,



Joan Goldsholle  
For the Firm