

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91022 031 \*\*\*150.00

**DOCUMENT # P09924**  
 1. Entity Name  
**DAVID LERNER ASSOCIATES, INC.**



Principal Place of Business: **477 JERICO TURNPIKE SYOSSET, NY 11791**  
 Mailing Address: **3111 UNIVERSITY DR SUITE 401 CORAL SPRINGS, FL 33065 US**



2. Principal Place of Business: State, Apt. #, etc.  
 3. Mailing Address: **P O Box 9006**  
 City & State: **Syosset**  
 Zip: **11791-9006** Country: **Nassau**

04192004 Chg-P CR2E034 (10/03)

4. FEI Number: **11-2374466**  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**DEARCE, JOSEPH**  
**3111 UNIVERSITY DRIVE**  
**SUITE #401**  
**CORAL SPRINGS, FL 33065**

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 agent acts) DATE: \_\_\_\_\_

**FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00**  
 9. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

19. OFFICERS AND DIRECTORS		20. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 17	
TITLE: <b>PSD</b> NAME: <b>LERNER, DAVID</b> STREET ADDRESS: <b>477 JERICO TPKE</b> CITY-ST-ZIP: <b>SYOSSET, NY</b>	<input type="checkbox"/> Delete	TITLE: <b>PSD</b> NAME: <b>Lerner, David</b> STREET ADDRESS: <b>P.O. Box 9006</b> CITY-ST-ZIP: <b>Syosset, NY 11791-9006</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>CFO</b> NAME: <b>CHODOSH, ALAN</b> STREET ADDRESS: <b>477 JERICO TURNPIKE</b> CITY-ST-ZIP: <b>SYOSSET, NY</b>	<input type="checkbox"/> Delete	TITLE: <b>CFO</b> NAME: <b>Chodosh, Alan</b> STREET ADDRESS: <b>P.O. Box 9006</b> CITY-ST-ZIP: <b>Syosset, NY 11791-9006</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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18. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(3)(f), 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 owner or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 19 or Block 20 if changed, or on an attachment with an address, with all other like empowers.

SIGNATURE: *Gene Mintz* **4/19/04 516 921-4200**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: \_\_\_\_\_