

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P92000006274</b>		
1. Entity Name HERMAN I. LEVIN, PH.D., INC.		
Principal Place of Business 9650 SOUTH OCEAN DR. APT. 1603 JENSEN BEACH, FL 34957		Mailing Address 9650 SOUTH OCEAN DR. APT. 1603 JENSEN BEACH, FL 34957
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  LEVIN, HERMAN I PHD APT. 1603, 9650 S. OCEAN DRIVE JENSEN BEACH, FL 34957-2305		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPVS LEVIN, HERMAN I PH.D. 9650 S. OCEAN DR., APT. 1603 JENSEN BEACH, FL 34957	
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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: <u>Herman Levin</u> <b>Herman Levin</b> <u>1/16/04</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01142004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0373348</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

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01/20/04-80037-014 150.00

**DO NOT WRITE  
IN THIS SPACE**