## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Aug 18, 2004 8:00 am Secretary of State 08-18-2004 90004 003 \*\*\*150.00 DOCUMENT # P92000007084 ALEX E. CARLSON, P.A. 54068798 Principal Place of Business Mailing Address 145 CURTISS PARKWAY 145 CURTISS PARKWAY 145 CURTISS PARKWAY MIAMI SPRINGS, FL MIAMI SPRINGS, FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07162004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-0372754 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CARLSON, DAVID L. Street Address (P.O. Box Number is Not Acceptable) 145 CURTISS PARKWAY MIAMI SPRINGS, FL 33166 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Dolete TITLE TITLE Change ☐ Addition CARLSON, ALEX E. NAME NAME STREET ADDRESS P.O. BOX 660-664 N/A STREET ADDRESS CITY-ST-ZIP MIAMI SPRINGS, FL CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change TITLE ☐ Delete ☐ Addition NAME NAME STREET-ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this tiling 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 autochright with an address, with all other like empowered.

TITLE

NAME

TITLE NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

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TITLE

NAME

CITY-SI-ZIP TITLE

STREET ADURESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

☐ Delete

☐ Delete

Change

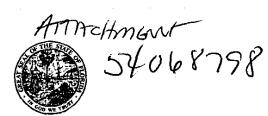
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FILED



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

July 28, 2004

ALEX E. CARLSON, P.A. 145 CURTISS PARKWAY MIAMI SPRINGS, FL

SUBJECT: ALEX E. CARLSON, P.A. Ref. Number: P92000007084

Please be advised, we have received your annual report/uniform business report; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

Please attach letter requesting fee abatement along with \$150 fee because the previous payment was applied to Trebarsim Corporation.(copy attach)

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tyrone Scott Document Specialist

Letter Number: 104A00047422

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314