


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90056 008 ***150.00

DOCUMENT # P92000011540
 1. Entity Name
 ROBERT N. ALLEN, JR., P.A.



Principal Place of Business Mailing Address
 601 BRICKELL KEY DR. 601 BRICKELL KEY DR.
 805 805
 MIAMI, FL 33131 MIAMI, FL 33131

94043243



2. Principal Place of Business 3. Mailing Address
 1441 Brickell Ave 1441 Brickell Ave
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 1014 1014

03312004 Chg-P CR2E034 (10/03)

City & State City & State
 Miami, FL Miami, FL

4. FEI Number Applied For
 65-0374038 Not Applicable

Zip Country Zip Country
 33131 33131

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

6. Name and Address of Current Registered Agent
 ALLEN & GALEGO
 601 BRICKELL KEY DRIVE
 ST 805
 MIAMI, FL 33131

7. Name and Address of New Registered Agent
 Name Robert Allen Law
 Street Address (P.O. Box Number is Not Acceptable)
 1441 Brickell Avenue
 Suite 1014
 City Miami FL Zip Code 33131

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  By: Robert N. Allen, Jr. President 3/31/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS ALLEN, ROBERT N JR 601 BRICKELL KEY DRIVE, S. 505 MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS Allen, Robert N. Jr. 1441 Brickell Ave., Suite 1014 Miami, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GALEGO, NORA 601 BRICKELL KEY DRIVE, ST. 805 MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Hume, Charles Lea 1441 Brickell Ave., Suite 1014 Miami, FL 33131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst. VP Bonavita, Umberto 1441 Brickell Ave., Suite 1014 Miami, FL 33131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst. Sec Aguilar, Tessa 1441 Brickell Ave., Suite 1014 Miami, FL 33131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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 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:  Robert N. Allen, Jr. 3/31/04 305-372-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #