

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P92000012459  
1. Entity Name  
SIEGEL AND DANSKY INVESTMENTS, INC.



Principal Place of Business 1110 BRICKELL AVE 7TH FLOOR MIAMI, FL 33131 US	Mailing Address 1110 BRICKELL AVE 7TH FLOOR MIAMI, FL 33131 US
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**DO NOT WRITE IN THIS SPACE**



01222004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0375417	Applied For Not Applicable
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5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
BLOOM, KENNETH M  
1110 BRICKELL AVE  
7TH FLOOR  
MIAMI, FL 33131

**DO NOT WRITE  
IN THIS SPACE**

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: N/A - NO CHANGE IN REGISTERED AGENT  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIEGEL, BARRY M 6910 N KENDALL DR MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANSKY, A S 6910 N KENDALL DR MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000155942  
05/05/04-80057-019 150.00

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IN THIS SPACE**

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]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/04 (305)662-9101  
Date Daytime Phone #