


FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90094 050 ***550.00

ANNUAL REPORT

DOCUMENT # <i>P93000027367</i>			
1. Entity Name <i>LAW OFFICES OF GERALD J. LINDOR</i> <i>P.A.</i>			
Principal Place of Business 1851 NW 125 AVENUE SUITE 435 PEMBROKE PINES, FL 33028 US		Mailing Address 1851 NW 125 AVENUE SUITE 435 PEMBROKE PINES, FL 33028 US	
2. Principal Place of Business <i>1851 NW 125 AVENUE</i>		3. Mailing Address	
Suite, Apt. #, etc. <i>Suite 420</i>		Suite, Apt. #, etc.	
City & State <i>PEMBROKE PINES FL</i>		City & State	
Zip <i>33028</i>		Country <i>US</i>	
4. FEI Number 65-0404096		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LINDOR, GERALD J.M. 1851 NW 125 AVENUE, SUITE 435 PEMBROKE PINES, FL 33028		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>[Signature]</i> GERALD J. LINDOR		7-6-04 (954) 443-4244	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	