

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000032514



1. Entity Name
 JAY FELDMAN, COUNSELLOR-AT-LAW, PROFESSIONAL ASSOCIATION

Principal Place of Business
 8333 W MCNAB RD
 228
 TAMARAC, FL 33321 US

Mailing Address
 8333 W MCNAB RD
 228
 TAMARAC, FL 33321 US



02152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0393766	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

FELDMAN, JAY
 8333 W MCNAB RD
 228
 TAMARAC, FL 33321

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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 _____

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	P
NAME	FELDMAN, JAY
STREET ADDRESS	8333 W MCNAB RD
CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UD0000058767
 02/19/04-80033-010 150.00

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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 reports 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jay Feldman

2-15-04

Date

954-722-8814

Daytime Phone #