


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P93000036934  
1. Entity Name  
O'CONNELL & GOLDBERG, INC.



|  |  |
|--|--|
| Principal Place of Business<br>450 NORTH PARK ROAD<br>SUITE 600<br>HOLLYWOOD, FL 33021 | Mailing Address<br>450 NORTH PARK ROAD<br>SUITE 600<br>HOLLYWOOD, FL 33021 |
|--|--|

**DO NOT WRITE IN THIS SPACE**



01132004 No Chg-P CR2E034 (10/03)

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br>65-0411377                               | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

6. Name and Address of Current Registered Agent  
GOLDBERG, BARBARA W  
450 N PARK ROAD  
600  
HOLLYWOOD, FL 33021

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PTD<br>O'CONNELL, JAMES<br>450 NORTH PARK ROAD, STE. 600<br>HOLLYWOOD, FL 33021  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VSD<br>GOLDBERG, BARBARA<br>450 NORTH PARK ROAD, STE. 600<br>HOLLYWOOD, FL 33021 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

U00000031360  
02/04/04-80148-007 150.00

**DO NOT WRITE  
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: Barbara W. Goldberg  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_