

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000043985

**FILED**  
**Apr 29, 2004**  
**Secretary of State**

**Entity Name:** DAVID PEARSON ASSOCIATES, INCORPORATED

**Current Principal Place of Business:**

1320 S DIXIE HWY SUITE 100  
CORAL GABLES, FL 33146 US

**New Principal Place of Business:**

1320 S DIXIE HWY SUITE 1100  
CORAL GABLES, FL 33146 US

**Current Mailing Address:**

1320 S DIXIE HWY SUITE 100  
CORAL GABLES, FL 33146 US

**New Mailing Address:**

1320 S DIXIE HWY SUITE 1100  
CORAL GABLES, FL 33146 US

FEI Number: 65-0418472

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PEARSON, DAVID  
241 SEVILLA AVE  
1006  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

PEARSON, DAVID  
1320 S DIXIE HWY.  
SUITE 1100  
CORAL GABLES, FL 33146 US

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.

SIGNATURE:

04/29/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: PEARSON, DAVID  
Address: 1320 S DIXIE HWY #1100  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: S ( ) Delete  
Name: PEARSON, CHRISTOPHER  
Address: 1320 S DIXIE HWY #1100  
City-St-Zip: CORAL GABLES, FL 33146 US

Title: D ( ) Delete  
Name: PEARSON, ANNE B  
Address: 1320 S DIXIE HWY #1100  
City-St-Zip: CORAL GABLES, FL 33134 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID PEARSON

P

04/29/2004

Electronic Signature of Signing Officer or Director

Date