


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90010 003 \*\*\*150.00

<b>DOCUMENT # P93000080224</b>	
1. Entity Name ARNOLD ROCKFORD, ESQUIRE, P.A.	

Principal Place of Business 9260 SUNSET DR # 219 MIAMI, FL 33173 US	Mailing Address 15476 NW 77 CT #401 HIALEAH, FL 33016 US
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2. Principal Place of Business <i>8004 N.W. 154 Street</i>	3. Mailing Address <i>8004 NW 154 Street</i>
Suite, Apt. #, etc. <i>No. 372</i>	Suite, Apt. #, etc. <i>No. 372</i>
City & State <i>Miami Lakes, Fla.</i>	City & State <i>Miami Lakes, Fla.</i>
Zip <i>33016</i>	Country <i>USA</i>



01252004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3211440	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent ROCKFORD, ARNOLD ESQ. 15476 NW 77 CT #401 MIAMI LAKES, FL 33016	
7. Name and Address of New Registered Agent Name <i>ARNOLD Rockford, Esq.</i> Street Address (P.O. Box Number is Not Acceptable) <i>8004 N.W. 154 Street No. 372</i> City <i>Miami Lakes</i> FL Zip Code <i>33016</i>	

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 *ARNOLD Rockford, Esq.* DATE *1/27/04*

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROCKFORD, ARNOLD <del>0175 NW 153RD ST STE 120</del> MIAMI LAKES, FL 330142435 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President</i> <i>ARNOLD Rockford, Esq.</i> <i>8004 N.W. 154 Street No. 372</i> <i>Miami Lakes, Fla. 33016</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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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

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: *ARNOLD Rockford, Esq.* DATE *1/27/04*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR