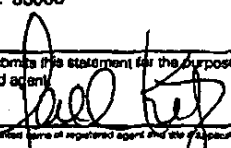


FILED
Feb 12, 2004 8:00 am
Secretary of State

1/2

01-21-2004 90009 013 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P93000082851			
1. Entity Name SAMUEL KATZ & ASSOCIATES, INC.			
Principal Place of Business 2900 UNIVERSITY DR #36 CORAL SPRGS, FL 33065 US		Mailing Address 2900 UNIVERSITY DR #36 CORAL SPRGS, FL 33065 US	
2. Principal Place of Business CORAL SPRING, FLA		3. Mailing Address SAME AS ABOVE	
Suite, Apt. #, etc. #36		Suite, Apt. #, etc.	
City & State CORAL SPRING, FLA		City & State	
Zip 33065		Country USA	
4. FEI Number 65-0451513		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KATZ, SAMUEL 2900 UNIVERSITY DR STE 36 POMPANO BEACH, FL 33065		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:  DATE: 1/27/04 (NOTE: Registered Agent signature required when relocating)			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP P KATZ, SAMUEL 2900 UNIVERSITY DR CORAL SPRING, FL 33065		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

attachment
**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P93000082851

1. Entity Name
SAMUEL KATZ & ASSOCIATES, INC.



Principal Place of Business

2900 UNIVERSITY DR
#36
CORAL SPRGS, FL 33065 US

Mailing Address

2900 UNIVERSITY DR
#36
CORAL SPRGS, FL 33065 US

66401857

DO NOT WRITE IN THIS SPACE

02102004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0451513

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DO NOT WRITE
IN THIS SPACE**

KATZ, SAMUEL
2900 UNIVERSITY DR
STE 36
POMPANO BEACH, FL 33065

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 KATZ, SAMUEL
STREET ADDRESS 2900 UNIVERSITY DR
CITY - ST - ZIP CORAL SPRINGS, FL 33065

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-10-04 214-755-5909