

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90081 025 ***150.00

DOCUMENT # P94000006356
 1. Entity Name
MICHAEL A. USAN, P.A.



Principal Place of Business Mailing Address
COURTHOUSE SQUARE BUILDING **P.O. BOX 14305**
200 SE 6TH ST., STE 306 **FT. LAUDERDALE FL 33301**
FT LAUDERDALE FL 33301 **US**
US

2. Principal Place of Business 3. Mailing Address
1132 SOUTHEAST 3RD AVENUE
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
FORT LAUDERDALE, FLORIDA
 Zip Country Zip Country
33316 US



MOORE CR2E034 (11/03)

4. FEI Number **65-0460219** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required
6. Name and Address of Current Registered Agent
USAN, MICHAEL A
COURTHOUSE SQUARE BUILDING
200 SE 6TH ST., STE 306
FT. LAUDERDALE FL 33315

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
1132 SOUTHEAST 3RD AVENUE
 City **FORT LAUDERDALE** **FL** Zip Code **33316**

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 *Michael A. Usan* **MICHAEL A. USAN** DATE **1/22/4**
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
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTSD <input type="checkbox"/> Delete
NAME	USAN, MICHAEL A
STREET ADDRESS	2591 NW 87 DR.
CITY-ST-ZIP	CORAL SPRINGS FL 33065
TITLE	C <input type="checkbox"/> Delete
NAME	USAN, MICHAEL A
STREET ADDRESS	2591 NW 87 DR.
CITY-ST-ZIP	CORAL SPRINGS FL 33065
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Michael A. Usan* **MICHAEL A. USAN** Date **1/22/4** Daytime Phone # **9544674055**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #