

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000024286

1. Entity Name
BLECKER & LEWINGER, P.A.



Principal Place of Business
6600 N. ANDREWS AVE
#306
FT LAUDERDALE, FL 33309 US

Mailing Address
6600 N. ANDREWS AVE
#306
FT LAUDERDALE, FL 33309 US

-FILED-
Feb 16, 2004 08:00 AM
Secretary of State



02052004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0475980

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LEWINGER, RICK
6600 N. ANDREWS AVE
#306
FORT LAUDERDALE, FL 33309

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restate(s))

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
NAME
STREET ADDRESS
CITY - ST - ZIP
D
BLECKER, STEVE
6600 N. ANDREWS AVE #306
FORT LAUDERDALE, FL 33309

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
LEWINGER, RICK
6600 N. ANDREWS AVE #306
FORT LAUDERDALE, FL 33309

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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000000053997
02/16/04-80154-002 150.00

**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 of the same empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/04

954 493-6500