2004 FOR PROFIT CORPORTION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000025694

1. Entity Name

ISICOFF, RAGATZ & KOENIGSBERG, P.A.



Mailing Address

Principal Place of Business 1101 BRICKELL AVE. STE 800 SOUTH TOWER MIAMI, FL 33131 US

SIGNATURE:

1101 BRICKELL AVE. STE 800 SOUTH TOWER MIAMI, FL 33131 US

FILED Mar 12, 2004 08:00 AM Secretary of State



03092004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0480636

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ISICOFF, ERIC D ISICOFF, RAGTZ & KOENIGSBERG P.A. 1101 BRICKELL AVE STE 800 SOUTH MIAMI, FL 33131

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 reinstating) DATE					
FILE NOWIII: FEE 18 \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.				\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ISICOFF, ERIC D 1101 BRICKELL AVE STE 800 SOUTI MIAMI, FL	RICKELL AVE STE 800 SOUTH TOWER			U00000086951 03/12/04-80044-019 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAGATZ, TERESA 1101 BRICKELL AVE STE 800 SOUTH TOWER MIAMI, FL			03/12/04-80044-013 13 0. 00	
THEE NAME STREET ADDRESS CITY-SI-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY ST-ZIP				IN T	THIS SPACE
TITLE NAME STREET ADORESS CITY - ST - ZIP					
THILE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby of indicated of the conchanged,	ertify that the information supplied with this fi on this report of supplemental report is true a poration of the receiver or trustee empowerer, or on an attachment with an address, with all	ling does not qualify for the ext and accurate and that my signs at to execute this report as requ tother like empowered.	emption stated ature shall hav sired by Chapi	f in Section 119.07(3)(re the same legal effect ter 607, Florida Statute	(f), Rorlda Statutes. I further certify that the information of as if made under oath, that I am an officer or director as, and that my name appears in Block 10 or Block 11 if