2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000047255

1. Entity Name
CHIKOVSKY & SHAPIRO, P.A.

Principal Place of Business	Mailing Address
1720 HARRISON ST 7TH FLOOR HOLLYWOOD, FL 33020 US	1720 HARRISON ST 7TH FLOOR HOLLYWOOD, FL 33020 US

04292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0504055
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CHIKOVSKY, FRED
1720 HARRISON ST
7TH FLOOR
HOLLYWOOD, FL 33020

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

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

U00000148525
05/03/04-80150-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	SHAPIRO, JAMES J
STREET ADDRESS	1720 HARRISON ST, 7TH FLOOR
CITY-ST-ZIP	HOLLYWOOD, FL
TITLE	DV
NAME	CHIKOVSKY, FRED
STREET ADDRESS	1720 HARRISON ST, 7TH FLOOR
CITY-ST-ZIP	HOLLYWOOD, FL
TITLE	S
NAME	DIAMOND, CAROLE
STREET ADDRESS	1720 HARRISON ST 7TH FLOOR
CITY-ST-ZIP	HOLLYWOOD, FL 33020
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Carole Diamond Sec'y. 4/29/04 954-920-4638
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #