## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

## DOCUMENT # P94000054764

1. Entity Name SANDRA G. KRAWITZ, P.A.



## FILED Feb 02, 2004 8:00 am Secretary of State 02-02-2004 90013 011 \*\*\*150.00

Daytime Phone #

Country	A HOLLAND MANAGEMENT	b.a			<u> </u>	<u> </u>					
CORAL SPRINGS, FL 33065 US CORAL SPRINGS, FL 33065 US 3. Mailing Address  Suite, Apt. 9, etc. Suite Current Replaced Agent Country Boundaries Suite Applications of Status Desired Status	3111 UNIVER	RSITY DRIVE				F-1977	en e	The Three to	11.5°	<u> </u>	
Suite, Apt. 9, etc.  Suite, Apt. 9, etc.  Suite, Apt. 9, etc.  Suite, Apt. 9, etc.  O1172004 Chg.P CR2E034 (10/03)  Applied 65-0506978	SUITE 615 ** CORAL SPRIN	IGS, FL 33065 US			IS	1 (0.00)		240053	74	AFANT OF JEEN	
City & State  City & State  Country  Section and Address of Current Registered Agent  To Name and Address of New Registered Agent  Name  Name  Name  Name  Name  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florids. I am familiar with, and a fine obligations of registered agent ag	2. Principal Pl	ace of Business	3. Mailing Address	<u></u>							
Zip Country Zip Country 5. Certificate of Status Desired Set 75 Additions for Required Agent    S. Certificate of Status Desired Set 75 Additions for Required Agent    Name	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-P	CR2E034	(10/03)		
S. Certificate of Status Desired   Fee Required   F	City & State	>	City & State						ļ <u>-</u>	Applied For Not Applicable	
Name	Zip	Country Zip		Country							
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City FL Zip Code  3. The above named entity submits his statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a time obligations of registered agent.  SIGNATURE  Straute, specify primed rame of registered agent and little lauptitable. (thote Registered Agent agent agent agent agent and little lauptitable. (thote Registered Agent a	3111 UNIVERSITY DRIVE				Street Address (P.O. Box Number is Not Acceptable)						
B. The above named entry 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 a the obligations of registered agent.  SIGNATURE    Signature, types of printed rame of registered agent and the supplicable.   (MOTE, Registered Agent departure required when releasing)   DATE					D4.				7. 0.		
THE Obligations of registered agent.    Signature, typed or printed name of rightaned agent and title if applicable. (NOTE Registered Agent demanter required when rollstating)   DATE					City			FL	Zip Coo	е	
After May 1, 2004 Fee will be \$550.00   Trust Fund Contribution.   Added to Fees    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  ITILE   PD			9. Election Camp	aign Financi	ng\$5.	.00 May Be		- DATE	•		
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12. Thereby 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 supplied with this filing does		sortify that the information available state	this filing does not a self-			notion 110 07/04/3	Elorido Crosses	I forther early	(hot the :	oformer: ar-	

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR