


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P94000068716 |  |
| 1. Entity Name LONDON WITTE & COMPANY, P.A. | |

| | |
|--|--|
| Principal Place of Business 3101 N FEDERAL HWY SUITE 700 FT LAUDERDALE, FL 33306 | Mailing Address 3101 N FEDERAL HWY SUITE 700 FT LAUDERDALE, FL 33306 |
|--|--|

DO NOT WRITE IN THIS SPACE



04232004 No Chg-P CR2E034 (10/03)

| | |
|--|---|
| 4. FEI Number 65-0524791 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| | |
|--|-----------------------------------|
| 6. Name and Address of Current Registered Agent HIRSCHBERG, EDWARD P 3101 N FEDERAL HWY SUITE 700 FT LAUDERDALE, FL 33306 | 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.

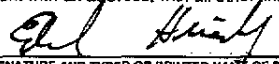
| | |
|---|-------------|
| SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | DATE |
|---|-------------|

| | | |
|---|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000131053 04/26/04-80141-020 150.00 |
|---|---|--|

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HIRSCHBERG, EDWARD CPA 3101 N FEDERAL HWY FT LAUDERDALE, FL 33306 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TUCK, JOHN CPA 3101 N FEDERAL HWY FT LAUDERDALE, FL 33306 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KURTZ, MARTIN CPA 3101 N FEDERAL HWY FORT LAUDERDALE, FL 33306 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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 other like empowered.

| | | |
|---|---------------------|-------------------------------------|
| SIGNATURE:  | Date 4/26/04 | Daytime Phone # 954-526-4400 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | |