

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90229 034 ***150.00

DOCUMENT # P95000013723

1. Entity Name
LEVON KEENAN DAYTON, P.A.



Principal Place of Business
**1865 BRICKELL AVENUE STE. A-609
MIAMI, FL 33129**

Mailing Address
**1865 BRICKELL AVENUE STE. A-609
MIAMI, FL 33129**

24070410



04292004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0559099

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

DAYTON, ML *Levon Keenan Dayton*
340 BISCAYNE BLVD. 40TH FLOOR *1865 Brickell*
MIAMI, FL 33132 *33129 AVE 17609*

**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 *Levon Keenan Dayton* *Levon Keenan Dayton* *4/29/04*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 **D**
NAME **DAYTON, LEVON K**
STREET ADDRESS **1865 BRICKELL AVENUE STE. A-609**
CITY - ST - ZIP **MIAMI, FL 33129**

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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:

Levon Keenan Dayton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Levon Keenan Dayton *P.A. Dayton* *4/29/04* *305 854 2748*