


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

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

DOCUMENT # P95000022850 1. Entity Name THE LAW OFFICES OF MONA TOZZIE, P.A.		
Principal Place of Business 1816 HARRISON STREET SUITE 107 HOLLYWOOD, FL 33020	Mailing Address 1816 HARRISON STREET SUITE 107 HOLLYWOOD, FL 33020	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent TOZZIE, MONA 1816 HARRISON STREET STE 107 HOLLYWOOD, FL 33020		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 qualifications of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent is</small>		DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>
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
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOZZIE, MONA 1816 HARRISON ST., STE 107 HOLLYWOOD, FL 33020	
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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)(f), 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: <u><i>Mona Tozzie</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



04232004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0654818	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

000000154699
05/05/04-80007-017 150.00

**DO NOT WRITE
IN THIS SPACE**