2004 FOR PROFIT CORPORATION

Apr 26, 2004 8:00 am Secretary of State **ANNUAL REPORT (AR)** DOCUMENT # P95000061139 1. Entity Name 04-26-2004 90563 006 ***150.00 RICHARD E. MIRSKY, P.A. Principal Place of Business Mailing Address 17436 SW 29 CT. MIAMI FL 33029 2525 SW 3RD AVE **SUITE 412** MIAM! FL 33129 2. Principal Place of Business 3. Mailing Address 983<u>5 SW</u> 7254 same as about Suite, Apt. #, etc. Suite. 202 Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State . City & State Applied For 4. FEI Number 65-0600954 MINIMIN, Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired DSA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent E. Mirsku MIRSKY, RICHARD E s (P.O. Box Number is Not Acceptable) S SW 72 SH 2525 SW 3RD AVE #412 Suite 202 **MIAMI FL 33129** Zip Code 33173 ΜιαΜι 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Addition MIRSKY, RICHARD E NAME NAME STREET ADDRESS 2525 SW 3RD AVE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33129 CITY-ST-ZIP Richard E. Mirsky TITLE Delete TITLE ☐ Change Addition NAME NAME 9835 SW 72 St # 202 STREET ADDRESS STREET ADDRESS MIAMI, FL 33173 CITY-ST-ZIP. CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TiTI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Delete TITLE ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 reference 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 attact the property with an address, with all other like empowered.

FILED

SIGNATURE: