## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P96000001653

1. Entity Name KENNETH F. DARROW, P.A.



Principal Place of Business

9400 S DADELAND BLVD

PH 5

MIAMI, FL 33156 US

Mailing Address

9400 S DADELAND BLVD

PH 5

MIAMI, FL 33156 US

FILED Apr 28, 2004 08:00 AM Secretary of State



## DO NOT WRITE IN THIS SPACE

01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0685705 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DARROW, KENNETH F 9400 S DADELAND BLVD PH 5

## DO NOT WRITE IN THIS SPACE

PH 5 MIAMI, FL 33156			IN THIS SPACE		
3. The above the obligat	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	d office or r	egistered agent, or both	, in the State of Florida. I am familiar with, and accept
SIGNATURE	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 \$5.00 Trust Fund Contribution.   Added to		\$5.00 May Be Added to Fees	
IO.  ITLE  IAME  STREET ADDRESS  CITY-ST-ZIP  ITLE  IAME  STREET ADDRESS  CITY-ST-ZIP	OFFICERS AND DIRECT PD DARROW, KENNETH F 9400 S DADELAND BLVD PH5 MIAMI, FL 33156	CTORS			U00000134264 04/28/04-80013-008 150.00
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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)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accutate 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 revelver 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 atachthent with an address, Mility all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4126104

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