


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000030109	
1. Entity Name MITCHELL A. HIPSMAN, P.A.	

Principal Place of Business 1111 KANE CONCOURSE 401 BAY HARBOR ISLANDS, FL 33154 US	Mailing Address 1111 KANE CONCOURSE 401 BAY HARBOR ISLANDS, FL 33154 US
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DO NOT WRITE IN THIS SPACE



02192004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0658923	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

HIPSMAN, MITCHELL A.
1111 KANE CONCOURSE
SUITE 401
BAY HARBOR ISLANDS, FL 33154

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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000113138 04/14/04-80051-018 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD HIPSMAN, MITCHELL A 20225 N.E. 34TH COURT APT 2214 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HIPSMAN, STACEY H.S. 20225 N.E. 34TH COURT APT 2214 AVENTURA, FL 33180
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 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 full other like empowered.

SIGNATURE:  **Mitchell A. Hipman,** **4/15/04** **305-864-4191**

Signature and typed or printed name of signing officer or director Date Daytime Phone #