

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000032643

1. Entity Name
WILLIAMS STERN & ASSOCIATES, INC.



Principal Place of Business

**3050 BISCAYNE BLVD.
SUITE 307
MIAMI, FL 33137 US**

Mailing Address

**3050 BISCAYNE BLVD.
SUITE 307
MIAMI, FL 33137 US**

DO NOT WRITE IN THIS SPACE



01092004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0663524

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WILLIAMS, JUDITH K
3050 BISCAYNE BLVD
#307
MIAMI, FL 33137**

**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

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 P/T
NAME WILLIAMS, JUDITH K
STREET ADDRESS 808 VALENCIA AVENUE
CITY-ST-ZIP CORAL GABLES, FL 33134**

**TITLE VP/S
NAME STERN, ELLIOT J
STREET ADDRESS 808 VALENCIA AVENUE
CITY-ST-ZIP CORAL GABLES, FL 33134**

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01/19/04-80055-004 150.00

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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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-09-2004 305 573-4002

Date

Daytime Phone #