

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

<b>DOCUMENT # P96000034382</b>			
1. Entity Name KASKY & KASKY, P.A.			
Principal Place of Business 400 FAIRWAY DRIVE 107 A DEERFIELD BEACH, FL 33441		Mailing Address 400 FAIRWAY DRIVE 107 A DEERFIELD BEACH, FL 33441	
<b>DO NOT WRITE IN THIS SPACE</b>			
			
		04212004 No Chg-P CR2E034 (10/03)	
4. FEI Number 65-0660929		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  KASKY, ROBERT A 6096 NW 22ND AVE BOCA RATON, FL 33496		<b>DO NOT WRITE IN THIS SPACE</b>	
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 re-registering) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		U000000153675 05/04/04-80138-001 150.00	
10. OFFICERS AND DIRECTORS			
TITLE	DVS		
NAME	KASKY, JEFFREY A		
STREET ADDRESS	4421 WOODFIELD BLVD		
CITY-ST-ZIP	BOCA RATON, FL 33434		
TITLE	DPT		
NAME	KASKY, ROBERT A		
STREET ADDRESS	8096 NW 22ND AVENUE		
CITY-ST-ZIP	BOCA RATON, FL 33496		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
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 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	
		Date _____ Daytime Phone # _____	