


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 30, 2004 8:00 am
Secretary of State

08-30-2004 90007 025 ***150.00

DOCUMENT # P96000054583			
1. Entity Name SIM GERSHON, P.A. ATTORNEY			
Principal Place of Business 4699 NORTH FEDERAL HIGHWAY SUITE 208 POMPANO BEACH FL 33064		Mailing Address 4699 NORTH FEDERAL HIGHWAY SUITE 208 POMPANO BEACH FL 33064	
2. Principal Place of Business 4699 North Fed Hwy.		3. Mailing Address 4699 North Fed Hwy	
Suite, Apt. #, etc. Suite 208 (E)		Suite, Apt. #, etc. 208 (E)	
City & State POMPANO BEACH		City & State POMPANO BEACH FL	
Zip 33064	Country USA	Zip 33064	Country USA
6. Name and Address of Current Registered Agent GERSHON, SIM 4699 NORTH FEDERAL HIGHWAY SUITE 208 (E) POMPANO BEACH FL 33064		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/> Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERSHON, SIM 4699 NORTH FEDERAL HIGHWAY, SUITE 208 POMPANO BEACH FL 33064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/26/2004 (4:34) 941-5411
Date Daytime Phone #