
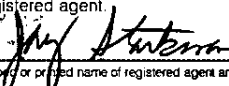
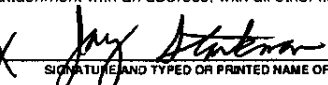


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90026 023 \*\*\*150.00

<b>DOCUMENT # P96000087735</b>					
<b>1. Entity Name</b> JAY STARKMAN, P.A.					
<b>Principal Place of Business</b> 100 SE 2ND ST 3700 MIAMI, FL 33130 US			<b>Mailing Address</b> 2450 NE M GARDENS DR 2ND FLOOR MIAMI, FL 33180 US		
<b>2. Principal Place of Business</b> 5680 OAK GARDEN TERR		<b>3. Mailing Address</b> 5680 OAK GARDEN TERRACE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State FT. LAUDERDALE, FL		City & State FT. LAUDERDALE		02112004 Chg-P CR2E034 (10/03)	
Zip 33312		Country BROWARD		4. FEI Number 65-0700381	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
<b>6. Name and Address of Current Registered Agent</b> CASTILLO, DORIS M 2450 NE MIAMI GRDNS DRIVE 2ND FLOOR N MIAMI BEACH, FL 33180			<b>7. Name and Address of New Registered Agent</b> Name: Jay Starkman Street Address (P.O. Box Number is Not Acceptable): 5680 Oak Garden Terrace City: Hollywood FL Zip Code: 33312		
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: 				DATE: 3/21/04	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>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	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD STARKMAN, JAY 2450 NE MIAMI GARDENS DR N MIAMI BEACH, FL 33180		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 				DATE: 3/21/04	