2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

							secretary of State				
DOCUMENT # P96000087735 1. Entity Name JAY STARKMAN, P.A.							04-09-2004 90026 023 ***150.00				
Principal Place	e of Business		Mailing Address					J4V40L	1//		
100 SE 2ND ST			2450 NE M GARDENS DR						010100	•	
3700			2ND FLOOR								
MIAMI, FL 3	3130 US		MIAMI, FL 33180 U	5				10110 07111 0 0111 3 0711 0 0			III III
2. Principal Place of Business 5680. OAK 6ARDEN TEN			3. Mailing Address 5680 DAK GARDEN								
Suite, Apt. #, etc.			Suite, Apt. #, etc. TERRACE				02112004	Chg-P	CR2E034 (1		
FT. LAUDERDALE, FL			City & State FT. LAUDERDAL			=	4. FEI Numbe			No	plied For t Applicable
zip 333					ZOWA	OWARD 5. Certificate of Sta			Fee Required		
	6. Name and	Address of Current R	legistered Agent		Name		7. Name and	Address of New F	Registered Agent		
CASTILLO, DORIS M						Ja	/	Kman			4
2450 NE M	MAMI GRDNS EACH, FL 33	OR	Street Address				er is Not Acceptabl	race			
					City						
•						Ho(lywood		FL z	ip Code	3 3/2
8. The above named entity submits this statement for the purpose of changing its registered office or register the obligations of registered agent. SIGNATURE 1. ** SIGNATURE* SIGNATURE* 1. ** SIGNATURE* 1. * SIGNATU							ed agent, or bot	h, in the State of Fl	orida. Fam familia		and accept
	Signature, typed or print	ed name of registered agent ar	nd trile if applicable. (NOTE	: Registere	d Agent signatu	re required	when reinstating)		DATE		
	E NOW!!! FEI ay 1, 2004 Fe	E IS \$150.00 e will be \$550.0	9. Election Campaig Trust Fund Contr		ncing		00 May Be ed to Fees	-			
10.		OFFICERS AND D	DIRECTORS	11.			ADDITIONS/	CHANGES TO OFF	ICERS AND DIRE	CTOR9	S IN 11
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12. I hereby o	certify that the info	rmation supplied with	this filing does not qualify for	the exe	motion stat	ed in Se	ction 119.07(3)(i), Florida Statutes	I further certify the	at the ir	formation
l indicated	on this report or s	supplemental report is	true and accurate and that if	ny siona	ture shall h	ave the s	same legal effec	t as if made under	oath: that I am an	officer	or director

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 eath; 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:

MATUREAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/04

Daytime Phone #