## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

## Apr 09, 2004 8:00 am Secretary of State **DOCUMENT # P97000003180** 1. Entity Name 04-09-2004 90080 009 \*\*\*150.00 LAURA GUZMAN CHENEY, P.A. Mailing Address Principal Place of Business 1537 PASSION VINE CIRCLE 1537 PASSION VINE CIRCLE WESTON FL 33326 WESTON FL 33326 10 3. Mailing Address 2. Principal Place of Business 1976 Water 976 War Suite, Apt. #, etc Suite, Apt. #, etc CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 65-0720249 Not Applicable Weston 712 \$8.75 Additional Zio 5. Certificate of Status Desired Fee Required 3.3 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STRAUS, ARNOLD M JR. Street Address (P.O. Box Number is Not Acceptable) 1290 WESTON ROAD **SUITE 314** WESTON FL 33326 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required which reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Change ☐ Addition TITLE PD ☐ Delete TITLE CHENEY, LAURA NAME STREET ADDRESS STREET ADDRESS 1990 LANDING WAY CITY-ST-ZIP FORT LAUDERDALE FL 33326 CITY-ST-2tP ☐ Change ☐ Addition SD Delete TITLE NAME CHENEY, LAURA STREET ADDRESS 1990 LANDING WAY STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL CITY-ST-7IP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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.

FILED