


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000005070</b> 1. Entity Name <b>LAW OFFICE OF JON W. BURKE, P.A.</b>	
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Principal Place of Business <b>7900 SW 67TH TERR MIAMI, FL 33143</b>	Mailing Address <b>7900 SW 67TH TERR SUITE 330 MIAMI, FL 33143</b>
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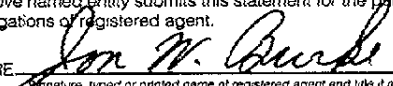
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03162004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0724163</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>BURKE, JON W 7900 SW 67TH TERR MIAMI, FL 33143</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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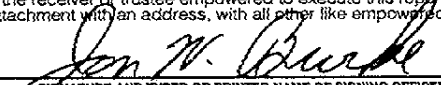
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE <b>3-17-04</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>

<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"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVST BURKE, JON W 7900 SW 67TH TERR MIAMI, FL 33143</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BURKE, JON W 7900 SW 67TH TERR MIAMI, FL 33143</b>
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03/19/04-80030-019 158.75

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <b>3-17-04</b> Daytime Phone # <b>305-710-0199</b>