


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90039 048 \*\*\*158.75

<b>DOCUMENT # P97000013604</b> 1. Entity Name <b>MICHAEL R. FLAM, P.A.</b>					
Principal Place of Business <b>1 NORTH CLEMATIS STREET SUITE 500 WEST PALM BEACH, FL 33401</b>			Mailing Address <b>1 NORTH CLEMATIS STREET SUITE 500 WEST PALM BEACH, FL 33401</b>		
2. Principal Place of Business <b>1144 E. Newport Center Drive</b>		3. Mailing Address <b>1144 E. Newport Center Drive</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Deerfield Beach FL</b>		City & State <b>Deerfield Beach FL</b>		4. FEI Number <b>65-0737631</b>	
Zip <b>33442</b>		Country <b>Broward</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33442</b>		Country <b>Broward</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FLAM, MICHAEL R 1 NORTH CLEMATIS STREET SUITE 500 WEST PALM BEACH, FL 33401</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>1144 E. Newport Center Drive</b>  City <b>Deerfield Beach</b> <b>FL</b> Zip Code <b>33442</b>		
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 <b>Michael R. Flam, President</b> <b>Michael R. Flam, President</b> <span style="float: right;"><b>3-15-2004</b></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLAM, MICHAEL R 1 NORTH CLEMATIS ST., STE 500 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FLAM, MICHAEL R 1 NORTH CLEMATIS ST., STE 500 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <b>Michael R. Flam, President</b> <b>Michael R. Flam, Pres.</b> <span style="float: right;"><b>3-15-4</b> <b>888-300-4422</b></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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