


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90027 046 \*\*\*150.00

<b>DOCUMENT # P97000039532</b>	
1. Entity Name <b>ALAN A. PASCAL, P.A.</b>	

Principal Place of Business <b>1040 BAYVIEW DR SUITE#112 FORT LAUDERDALE FL 33304</b>	Mailing Address <b>1040 BAYVIEW DR SUITE#112 FORT LAUDERDALE FL 33304</b>
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2. Principal Place of Business <b>300 Ave of The Arts</b>	3. Mailing Address <b>300 Ave of The Arts</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Fort Lauderdale, FL</b>	City & State <b>Fort Lauderdale, FL</b>
Zip <b>33312</b>	Zip <b>33312</b>
Country	Country



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent <b>PASCAL, ALAN A 1040 BAYVIEW DR SUITE 112 FORT LAUDERDALE FL 33304</b>		7. Name and Address of New Registered Agent Name <b>ALAN A. PASCAL</b> Street Address (P.O. Box Number is Not Acceptable) <b>300 Ave of The Arts</b> City <b>Fort Lauderdale</b> FL Zip Code <b>33312</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 ALAN PASCAL (NOTE: Registered Agent signature required when reinstating) DATE 4/13/04

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PASCAL, ALAN A 300 SOUTHWEST SEVENTH AVENUE FT.LAUDERDALE FL 33312</b> <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
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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"/> 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: ALAN PASCAL (CEO) 4/13/04 954-522-4090  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #