


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90062 038 \*\*\*150.00

<b>DOCUMENT # P97000049798</b> 1. Entity Name 135 LAKE WORTH CORP.					
Principal Place of Business 5801 N CONGRESS AVE BOCA RATON, FL 33487 US			Mailing Address 5801 N CONGRESS AVE BOCA RATON, FL 33487 US		
2. Principal Place of Business <b>5801 Congress Avenue</b> Suite, Apt. #, etc.		3. Mailing Address <b>5801 Congress Avenue</b> Suite, Apt. #, etc.			
City & State <b>Boca Raton, Florida</b> Zip <b>33487</b> Country <b>FL</b>		City & State <b>Boca Raton, Florida</b> Zip <b>33487</b> Country <b>FL</b>		4. FEI Number <b>65-0760361</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				01152004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>MOMBACH, GEOFFREY S</b> <b>500 E. BROWARD BLVD., STE. 1950</b> <b>FT. LAUDERDALE, FL 33394</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when registering) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>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	D <input type="checkbox"/> Delete <b>WOLF, STEVEN</b> <b>5801 N CONGRESS AVE</b> <b>BOCA RATON, FL 33487</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5801 Congress Avenue</b> <b>Boca Raton, Florida 33487</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>SIEMENS, RICHARD</b> <b>5801 N CONGRESS AVE</b> <b>BOCA RATON, FL 33487</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5801 Congress Avenue</b> <b>Boca Raton, Florida 33487</b>	
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)(f), 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.					
<b>SIGNATURE:</b> <i>Steven Wolf</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			2/17/04 561-4987200 Date Daytime Phone #		