## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # P97000050425

MORGENTHAU & ASSOCIATES, INC.



**FILED** Apr 07, 2004 08:00 AM Secretary of State

Principal Place of Business

SIGNATURE:

ONE FINANCIAL PLAZA, SUITE 2504 100 S.E. 3RD AVENUE FT LAUDERDALE, FL 33394

Mailing Address

ONE FINANCIAL PLAZA, SUITE 2504 100 S.E. 3RD AVENUE FT LAUDERDALE, FL 33394



DO NOT WRITE IN THIS SPACE

with an address, with all other like empowered.

SIGNATURE AND TYPED C

RINTED NAME OF SIGNING OF

6. Name and Address of Current Registered Agent

4. FEI Number	Applied For
65-0770942	Not Applicable
	60 7F

CR2E034 (10/03)

\$8.75 Additional 5. Certificate of Status Desired 

MORGENTHAU, ANTHONY R ONE FINANCIAL PLAZA, SUITE 2504 100 S.E.3RD AVENUE FT LAUDERDALE, FL 33394

## DO NOT WRITE IN THIS SPACE

Anthony R. Morgenthau

No Chg-P

01062004

	·				
	named entity submits this statement for the pions of registered agent.	ourpose of changing its registe	red office or r	egistered agent, or bo	th, in the State of Flortda. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Register	ed Agent signature	required when reinstating)	DATE
FILE NOWILL FEE IS \$150.00 9. Election Car		Election Campaign Fina Trust Fund Contribution	incing	\$5.00 May Be Added to Fees	U00000105346 04/07/04-80020-019 150.00
10.	OFFICERS AND DIREC	CTORS			<u> </u>
TETLE NAME STREET ADDRESS CITY-ST-ZIP	D MORGENTHAU, ANTHONY R ONE FINANCIAL PLAZA, SUITE 2504 FT LAUDERDALE, FL 33394				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CHY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u> </u>		IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		•			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby indicated of the corchanged	erify that the information supplied with this fi on this report or supplemental report is true a poration or the receiver or trustee empowers or on an attachment with an address, with all	iling does not qualify for the ex and accurate and that my sign d to execute this report as requ t other like empowered.	emption state ature shall hat lired by Chap	d in Section 119.07(3) ve the same legal effe ter 607, Florida Statut	(i), Florida Statutes. I further certify that the information ct as if made under ceth; that I am an officer or director es; and that my name appears in Block 10 or Block 11 if

CER OR DIRECTOR