

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90181 018 \*\*\*150.00

**DOCUMENT # P97000057010**

1. Entity Name

SHERWIN ROSS, P.A.



Principal Place of Business

1541 BRICKELL AVENUE  
B-3603  
MIAMI FL 33129

Mailing Address

1541 BRICKELL AVENUE  
B-3603  
MIAMI FL 33129

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

A-2502

Suite, Apt. #, etc.

A-2502

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0763496

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSS, SHERWIN  
1541 BRICKELL AVENUE B-3603  
MIAMI FL 33129

Name

Street Address (P.O. Box Number is Not Acceptable)

A-2502

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE PS ☐ Delete  
NAME ROSS, SHERWIN  
STREET ADDRESS 1541 BRICKELL AVENUE B-3603  
CITY-ST-ZIP MIAMI FL 33129

TITLE VPTD ☐ Delete  
NAME FISHER/ROSS, SANDRA  
STREET ADDRESS 1541 BRICKELL AVENUE B-3603  
CITY-ST-ZIP MIAMI FL 33129

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS A-2502  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS A-2502  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Sherwin Ross* SHERWIN ROSS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/07/04

305 856 5399

Date

Daytime Phone #