

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 25, 2004 08:00 AM
Secretary of State

DOCUMENT# P97000070603 1. Entity Name ADMINISTRATIVE ASSOCIATES, INC.	
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Principal Place of Business 2626 E. OAKLAND PARK BLVD., STE. 300 FORT LAUDERDALE, FL 33306	Mailing Address 2626 E. OAKLAND PARK BLVD., STE. 300 FORT LAUDERDALE, FL 33306
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03192004 NoChg-P CR2E034(10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0796646	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RYAN, MICHAEL D 700 MIDDLE RIVER DRIVE FORT LAUDERDALE, FL 33304
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**DO NOT WRITE
IN THIS SPACE**

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 Michael D Ryan **3-22-2004**
Signature, type or print name of registered agent and if applicable, (NOTE: Registered Agent's signature required when re-instating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	RYAN, MICHAEL D
STREET ADDRESS	700 MIDDLE RIVER DRIVE
CITY - ST - ZIP	FT LAUDERDALE, FL 33304
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: Michael D Ryan **3-22-2004 954-563-0411**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #