

P97000091115

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Tromberg & Associates, P.A.
(Name of corporation)

DOCUMENT NUMBER: 997000091115

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jeffrey H. Tromberg
(Name of contact person)

Tromberg & Associates, P.A.
(Firm/Company)

P.O. Box 590113
(Address)

Ft. Lauderdale, FL 33359-0113
(City/state and zip code)

For further information concerning this matter, please call:

Jeffrey H. Tromberg at (954) 761-5278
(Name of contact person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.


- Jeffrey H. Tronberg
300 S. Pine Island Rd, Suite 234
Plantation, FL 33324

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TALLAHASSEE, FLORIDA

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- Jeffrey H. Tromberg
1900 W. Commercial Blvd., Suite 152
(P.O. Box NOT acceptable)
Ft. Lauderdale, FL 33309

 President
(Signature of an officer or director)

Jeffrey H. Tromberg, President
(Printed or typed name and title)

(Signature of Registered Agent)

10/5/04
(Date)

(Typed or Printed Name)