


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000107147 1. Entity Name GOLDSTEIN LEWIN FINANCIAL SERVICES, INC.	
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Principal Place of Business 1900 CORPORATE BOULEVARD N.W. SUITE 301E BOCA RATON, FL 33431	Mailing Address 1900 CORPORATE BOULEVARD N.W. SUITE 301E BOCA RATON, FL 33431
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03302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0802705	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOLDSTEIN, DONALD
1900 CORPORATE BOULEVARD N.W.
SUITE 301E
BOCA RATON, FL 33431

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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


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

U000000112744
04/14/04-20034-025 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIST, MARC 1900 CORPORATE BLVD. N.W. STE. 300E BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIN, GERALD R 1900 CORPORATE BLVD. N.W. STE. 300E BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDSTEIN, DONALD 1900 CORPORATE BLVD. N.W. STE. 300E BOCA RATON, FL 33431
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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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)(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 life empowered.

SIGNATURE:  **MARC H LIST** **4/14/04** **5619945050**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #