2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 01, 2004 08:00 AM Secretary of State

DOCUMENT # P980000002	:53
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t. Entity Name

M. A. STRAUSS ASSOCIATES, INC.



Principal Place of Business

SIGNATURE:

13255 SW 7TH CT #413 PEMBROKE PINES, FL 33027-1824

Mailing Address

13255 SW 7TH CT #413 PEMBROKE PINES, FL 33027-1824



DO NOT WRITE IN THIS SPACE

05212004 No Chg-P CR2E034 (10/03) 4. FEI Number 65-0805167 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired

6. Name and Address of Current Registered Agent

STRAUSS, MINDY 13255 SW 7TH CT #413 PEMBROKE PINES, FL 33027-1824

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the prions of registered agent.	ourpose of changing its registered	ollice or r	agistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE						
		Election Campaign Financir Trust Fund Contribution.	9 0	\$5.00 May Be Added to Fees	in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTSD STRAUSS, MINDY A 13255 SW 7TH CT #413 PEMBROKE PINES, FL 330271824		- -	F	000000162935 07/01/04-80003-001 150.00	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	The second of th	vanneris (frv. van).	<u> </u>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP				DO	NOT WRITE	
TITLE NAME STREET AGGRESS CITY - ST - ZIP				IN.	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE MAME STREET ADDRESS CITY-ST-ZIP	***					
12. I hereby certify that the information supplied with this liting does not quality 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 it made under oath; that I am an officer or director.						