

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90045 019 ***150.00

DOCUMENT # P98000004843

1. Entity Name

JOSEPH L. FISHER, C.P.A., P.A.



Principal Place of Business

9449 S OLD DIXIE HWY
MIAMI FL 33156

Mailing Address

9449 S OLD DIXIE HWY
MIAMI FL 33156

94060468



MOORE

CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

7520 SW 57 Avenue

7520 SW 57 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite A

Suite A

City & State

City & State

S. Miami, FLA

S. Miami, FLA

Zip

Country

Zip

Country

33143

USA

33143

USA

4. FEI Number

65-0815139

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

FISHER, JOSEPH L
9449 S OLD DIXIE HWY
MIAMI FL 33156

Name

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

7520 SW 57 Avenue, Suite A

City
S. Miami

FL

Zip Code
33143

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPTS
FISHER, JOSEPH L
9449 S OLD DIXIE HWY
MIAMI FL 33156 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
7520 SW 57 Avenue, Suite A
S. Miami, FLA 33143 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

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:

Joseph L. Fisher JOSEPH L. FISHER 4-2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #