

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Aug 12, 2004 8:00 am
Secretary of State

08-12-2004 90001 027 ***150.00

DOCUMENT # P98000008868

1. Entity Name

LAW OFFICES OF LISA R. GINSBURG, P.A.



Principal Place of Business

7933 N.W. 7TH AVE
MIAMI FL 33150-3298

Mailing Address

7933 N.W. 7TH AVE
MIAMI FL 33150-3298

04007324



MOORE

CR2E034 (4/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0808962

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GINSBURG, LISA R
7933 NW 7TH AVE
MIAMI FL 33150-3298

Name

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

City

FL

Zip Code

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 \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

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
D
GINSBURG, LISA R
7933 NW 7 AVE
MIAMI FL 33150 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
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: Lisa Ginsburg (Lisa R. Ginsburg)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/4/04

Date

(305) 757-7771

Daytime Phone #

K Attachment
Doc. # 898000008868
54067524
LAW OFFICES OF
LISA R. GINSBURG, P.A.

LISA R. GINSBURG
ATTORNEY AT LAW
CERTIFIED MEDIATOR
7933 N.W. 7TH AVENUE • MIAMI, FLORIDA 33150-3298
TEL: (305) 757-7771 • FAX: (305) 757-7756

August 4, 2004

Division of Corporations
Annual Report Section
P.O.Box 6850
Tallahassee, FL 32314

FEI No.: 65-0808962

To Whom It May Concern:

Enclose please find the annual report and division of corporation fee. As I never received a report form earlier this year, I contacted the Florida Department of State. I was sent one after the initial contact. Please except the \$150.00 fee as full and final payment. Thank you for your attention to this matter.

Sincerely,

LR.G.

Lisa R. Ginsburg

LRG:de