
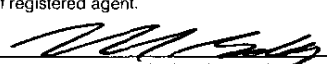
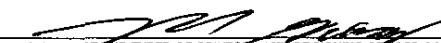


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2004 8:00 am
Secretary of State

07-15-2004 90004 008 ***550.00

DOCUMENT # P98000015625 1. Entity Name MICHAEL I. GREENBERG, P.A.					
Principal Place of Business 1 GRAVE ISLE DR #603 MIAMI, FL 33133			Mailing Address 1 GRAVE ISLE DR #603 MIAMI, FL 33133		
2. Principal Place of Business 6647 SW 65 terr Suite, Apt. #, etc.		3. Mailing Address 6647 SW 65 terr Suite, Apt. #, etc.			
City & State Miami FL Zip 33143		City & State Miami FL Zip 33143		4. FEI Number 65-0815397	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GREENBOR, MICHAEL 1 GRAVE ISLE DR #603 MIAMI, FL 33133				7. Name and Address of New Registered Agent Name, Greenberg, Michael Street Address (P.O. Box Number is Not Acceptable) 6647 SW 65 terr City 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 <u></u> DATE 7/10/04 <small>Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PST GREENBERG, MICHAEL I 1 GRAVE ISLE DR #603 MIAMI, FL 33133	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1ST Greenberg, Michael 6647 SW 65 terr Miami, FL 33143	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENBERG, MICHAEL I 1 GRAVE ISLE DR #603 MIAMI, FL 33133	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2ND Greenberg, Michael 6647 SW 65 terr Miami, FL 33143	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 7/10/04 <small>Daytime Phone #</small>		