

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Mar 12, 2004 08:00 AM

Secretary of State

DOCUMENT # P98000027574

1. Entity Name

ROBYN KATZMAN CANTOR, P.A.



Principal Place of Business

7737 N. UNIVERSITY DRIVE
#104
TAMARAC, FL 33321

Mailing Address

4833 N.W. 97 DR.
CORAL SPRINGS, FL 33076

DO NOT WRITE IN THIS SPACE



01062004

No Chg-P

CR2E034 (10/03)

4. FEI Number

65-0830556

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CANTOR, ROBYN K
7737 N. UNIVERSITY DRIVE
#104
TAMARAC, FL 33321

**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

[Signature] *n/a*

(NOTE: Registered Agent signature required when reinstating)

DATE

n/a

**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

10. OFFICERS AND DIRECTORS

TITLE D
NAME CANTOR, ROBYN K
STREET ADDRESS 7737 N. UNIVERSITY DRIVE
CITY-ST-ZIP TAMARAC, FL 33321

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

U00000086688
03/12/04-80033-012 150.00

**DO NOT WRITE
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)(f), 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 or without other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #