


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000070838 1. Entity Name FISCHER ADVERTISING SERVICES, INC.	
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Principal Place of Business 401 SW 8TH ST FORT LAUDERDALE, FL 33315	Mailing Address 401 SW 8TH ST FORT LAUDERDALE, FL 33315
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01272004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0856649	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES, FL 33134
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 NAME STREET ADDRESS CITY - ST - ZIP	PSTD FISCHER, CHRISTINA H 872 WEST TROPICAL WAY PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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000000023115
02/02/04-80011-024 158.75

**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)(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: Christina Fischer Christina Fischer, President 1/27/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

954-620-8520