


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-12-2004 90250 037 ***150.00

DOCUMENT # P98000077098 1. Entity Name WARREN E. STOLLER, P.A.					
Principal Place of Business 2701 W OAKLAND PARK BLVD SUITE 100 FORT LAUDERDALE, FL 33311			Mailing Address 2701 W OAKLAND PARK BLVD SUITE 100 FORT LAUDERDALE, FL 33311		
2. Principal Place of Business 4485 Stirling Road Suite, Apt. #, etc. Suite 109 City & State Ft. Lauderdale, FL Zip 33314		3. Mailing Address 4485 Stirling Road Suite, Apt. #, etc. Suite 109 City & State Ft. Lauderdale, FL Zip 33314		04032004 Chg-P CR2E034 (10/03)	
4. FEI Number 65-0863102				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STOLLER, WARREN E 2701 W OAKLAND PARK BLVD SUITE 100 FORT LAUDERDALE, FL 33311			7. Name and Address of New Registered Agent Name Stoller Warren E. Street Address (P.O. Box Number is Not Acceptable) 4485 Stirling Road, Suite 109 City Ft. Lauderdale FL Zip Code 33314		
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>Warren E. Stoller</u> DATE: <u>4/5/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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	P STOLLER, WARREN E 2701 W OAKLAND PARK BLVD, STE. 100 FORT LAUDERDALE, FL 33311	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STOLLER, WARREN, E. 4485 Stirling Road, Ste. 109 Ft Lauderdale, FL 33314	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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>Warren E. Stoller</u>			Date: <u>4/5/04</u> Daytime Phone #: <u>954-584-9883</u>		

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