

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000102217 1. Entity Name LASKY, BIGGE & RODRIGUEZ, P.A.	
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Principal Place of Business
**315 N.E. 3RD AVE.
STE 100
FT. LAUDERDALE, FL 33301**

Mailing Address
**315 N.E. 3RD AVE.
SUITE 100
FT. LAUDERDALE, FL 33301**

DO NOT WRITE IN THIS SPACE



07132004 No Chg-P CR2E034 (10/03)

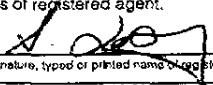
4. FEI Number 65-0881563	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**LASKY, SUSAN
315 NE 3RD AVE
STE 100
FORT LAUDERDALE, FL 33301**

**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 reappointing) DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

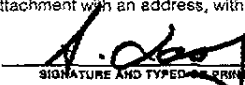
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT LASKY, SUSAN D 315 N.E. 3RD AVE. FT. LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BIGGE, ROBERT J JR. 315 N.E. 3RD AVE. FT. LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS RODRIGUE, RAYSA I 315 NE 3RD AVE FORT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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07/22/04-80007-023 550.00

**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)(b), 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #