ROSS ROSE HAM

FILED
Apr 19, 2004 8:00 am
Secretary of State

4/2/200

04-02-2004 90035 031 ***158.75

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000102775

1. Entity Name
DAVID L. ROSS, P.A.

Principal Place of Business
STE. 1901, 801 BRICKELL AVE.
MIAMI, FL 33131

Mailing Address
STE. 1901, 801 BRICKELL AVE.
MIAMI, FL 33131

66412476

02252004 Chg-P CR2E034 (10/03)

2. Principal Place of Business: 2 ALHAMBRA PLAZA
Suite, Apt. #, etc.: PENTHOUSE II-B
City & State: CORAL GABLES, FL
Zip: 33134 Country: USA

3. Mailing Address: 2 ALHAMBRA PLAZA
Suite, Apt. #, etc.: PENTHOUSE II-B
City & State: CORAL GABLES, FL
Zip: 33134 Country: USA

4. FEI Number: 95-3745033 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KLEIN, BRENT D
STE. 1901, 801 BRICKELL AVE.
MIAMI, FL 33131

7. Name and Address of New Registered Agent
Name: THOMAS R. SPENCER, JR.
Street Address (P.O. Box Number is Not Acceptable): 2 ALHAMBRA PLAZA
PENTHOUSE II-B
City: CORAL GABLES FL Zip Code: 33134

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: THOMAS R. SPENCER JR. 2/25/04
Signature, typed or printed name of registered agent and title if applicable. (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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROSS, DAVID L STE. 1901, 801 BRICKELL AVE. MIAMI, FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2 ALHAMBRA PLAZA PENTHOUSE II-B CORAL GABLES, FL 33134	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: DAVID L. ROSS 4-14-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment 1064124776 #P98000102775

Spencer & Klein, P.A.
Cost Account
801 Brickell Ave., Suite 1901
Miami, Fl 33131

6651

63-436/660 5

DATE 3/29/04

PAY TO THE ORDER OF Florida Dept. of State $ 158.75

One-Hundred-Fifty-Eight 75/100 DOLLARS

City National Bank
OF FLORIDA
2701 LE JEUNE ROAD
CORAL GABLES, FLORIDA 33134

FOR DAVID L. ROSS, P.A.

[redacted]