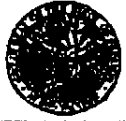
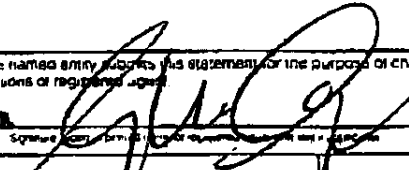
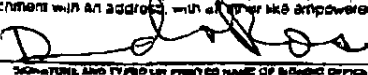


FILED
Apr 19, 2004 8:00 am
Secretary of State

04-02-2004 90035 031 ***158.75

4/2/2004

**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	
2. Principal Place of Business 2 ALHAMBRA PLAZA SUITE 401 B, INC. PENTHOUSE II-B CORAL GABLES, FL 33134 USA		3. Mailing Address 2 ALHAMBRA PLAZA SUITE 401 B, INC. PENTHOUSE II-B CORAL GABLES, FL 33134 USA	
4. FBI Number 95-3745033		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		6. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
5. 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 THOMAS R. SPENCER, JR. 2 ALHAMBRA PLAZA PENTHOUSE II-B CORAL GABLES, FL 33134	
8. The above named entity declares 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.		DATE 2/25/04	
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		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-STATE-ZIP D ROSS, DAVID L STE. 1901, 801 BRICKELL AVE. MIAMI, FL 33131	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP 2 ALHAMBRA PLAZA PENTHOUSE II-B CORAL GABLES, FL 33134	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with a former like empowered.			
SIGNATURE:  DAVID L. ROSS		DATE 4-14-04	

Attachment

606412476
#P98000102775

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

6651

DATE 3/29/04

63-4365
660

PAY
TO THE
ORDER OF

Florida Dept. of State

\$ 158.⁷⁵/₁₀₀

One-Hundred-Fifty-Eight

⁷⁵/₁₀₀ DOLLARS

Security Features
Incorporated
Details on Back

 City National Bank

OF FLORIDA
2701 LE JEUNE ROAD
CORAL GABLES, FLORIDA 33134

FOR DAVID L. ROSS, P.A.

