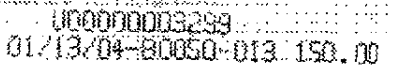


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000105846 1. Entity Name H. WEISSBACH, P.A.			
Principal Place of Business 8008 DESMOND DRIVE BOYNTON BEACH, FL 33437		Mailing Address 8008 DESMOND DRIVE BOYNTON BEACH, FL 33437	
DO NOT WRITE IN THIS SPACE			
 01072004 No Chg-P CR2E034 (10/03)			
4. FEI Number 65-0881176		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEISSBACH, HERBERT 8008 DESMOND DRIVE BOYNTON BEACH, FL 33437		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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reappointing) 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	P WEISSBACH, HERBERT 8008 DESMOND DRIVE BOYNTON BEACH, FL 33437	 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: <u>Herbert Weissbach</u> <u>HERBERT WEISSBACH</u> 1/7/04 561 734 0572 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		561 297 2596 Date Daytime Phone	