

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000006087

Entity Name: SOLKOFF & ZELLEN, P.A.

FILED  
May 03, 2004  
Secretary of State

## Current Principal Place of Business:

1901 S CONGRESS AVE  
STE 350  
BOYNTON BEACH, FL 33426 US

## New Principal Place of Business:

## Current Mailing Address:

1901 S CONGRESS AVE  
STE 350  
BOYNTON BEACH, FL 33426 US

## New Mailing Address:

FEI Number: 65-0899474

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SOLKOFF, SCOTT M ESQ  
1901 S CONGRSS AVE., STE 350  
BOYNTON BEACH, FL 33426 US

## Name and Address of New Registered Agent:

ZELLEN, TODD R ESQ  
1901 S CONGRSS AVE., STE 350  
BOYNTON BEACH, FL 33426 US

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.

SIGNATURE: TODD R ZELLEN

05/03/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SOLKOFF, SCOTT M  
Address: 1800 WEST HILLSBORO BLVD. #214  
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: VSD ( ) Delete  
Name: ZELLEN, TODD R ESQ  
Address: 1901 S CONGRESS AVE STE 350  
City-St-Zip: BOYNTON BEACH, FL 33426

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TODD R ZELLEN

D

05/03/2004

Electronic Signature of Signing Officer or Director

Date