## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P99000009106 1. Entity Name GERALD K. SCHWARTZ, P.A. Principal Place of Business Mailing Address 1111 LINCOLN ROAD 1111 LINCOLN ROAD SUITE 400 SUITE 400 MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139

**FILED** Feb 04, 2004 08:00 AM Secretary of State

DO NOT WRITE IN THIS SPACE				01282004 No Chg-P CR2E034 (10/03)			
Ľ	O NOI WHIE II	- remoniper			Applied For		
			5. Certificate of Status Desired \$8.75 Additional				
	5. Name and Address of Current Regis	tiered Agent		5. Certificate of Statu		ee Required	
		stojed Adolit	ing in the state of the state o	<u> </u>			
SCHWARTZ, GERALD K 1111 LINCOLN ROAD			DO NOT WRITE				
SUITE 400 MIAMI BEACH, FL 33139			IN THIS SPACE				
8. The above the obligat	named entity submits this statement for the plants of registered agent.	purpose of changing its registere	ed office or register	ed agent, or both, in the	State of Florida. I am fa	miliar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and little	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 Fir Trust Fund Contribution			, L., A.O.	00 May Be ed to Fees			
10.	OFFICERS AND DIRE	CTORS	=				
TITLE NAME STREET ADDRESS GITY-ST-ZIP	D SCHWARTZ, GERALD K 1111 LINCOLN ROAD, SUITE 400 MIAMI BEACH, FL 33139			9221	U00000032710 U5704-80014-0	11_158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NO	T WRITE	,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THI	S SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME Street Address City-St-Zip						<u></u>	
12. I hereby o	ertify that the Information supplied with this for this report or supplemental report is true	illing does not qualify for the exen and accurate and that his signatu	nption stated in Se ure shall have the	ction 119.07(3)(i), Florid	a Statutes. I further certif	y that the information 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