

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 MAY 26 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P99000014929

1. Entity Name
SHEILA AMSTER, P.A.

Principal Place of Business
22788 MERIDIANA DRIVE
BOCA RATON, FL 33433 US

Mailing Address
22788 MERIDIANA DRIVE
BOCA RATON, FL 33433 US



05172004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0894900	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AMSTER, SHEILA
22788 MERIDIANA DRIVE
BOCA RATON, FL 33433

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AMSTER, SHEILA 22788 MERIDIANA DRIVE BOCA RATON, FL 33433
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[Handwritten Signature]

DO NOT WRITE IN THIS SPACE

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06/08/04--01031--008 **150.00

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: *Sheila Amster*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/24/2004 361-750-1808
Date Daytime Phone # *X238*