


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90056 019 ***150.00

DOCUMENT # P99000023437	
1. Entity Name P. J. CARROLL & ASSOCIATES, P.A.	

Principal Place of Business FIFTH FLOOR, COCONUT GROVE BANK BLDG. 2701 SOUTH BAYSHORE DRIVE MIAMI, FL 33133-5387	Mailing Address FIFTH FLOOR, COCONUT GROVE BANK BLDG. 2701 SOUTH BAYSHORE DRIVE MIAMI, FL 33133-5387
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44013384



2. Principal Place of Business 1 GROVE ISLE DRIVE	3. Mailing Address 1 GROVE ISLE DRIVE
Suite, Apt. #, etc. APT. 1109	Suite, Apt. #, etc. APT. 1109
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33133-4108	Zip 33133-4108
Country	Country

02112004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0900701	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CARROLL, P J FIFTH FLOOR, COCONUT GROVE BANK BLDG. 2701 SOUTH BAYSHORE DRIVE MIAMI, FL 33133-5387	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1 GROVE ISLE DRIVE APT. 1109 City MIAMI FL Zip Code 33133
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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 reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D CARROLL, P J 5TH FL COCONUT GR BK BL., 2701 S BAYSH. DR MIAMI, FL 331335387	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1 GROVE ISLE DRIVE, APT. 1109 MIAMI, FL 33133-4108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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; 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/23/04

85-3305