
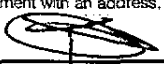


Jan. 27. 2004 4:54PM

No. 0861 P. 2/3

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P99000031643		
1. Entity Name IRIS LEIBOWITZ, P.A.		
Principal Place of Business 10670 NW 17TH PLACE PLANTATION, FL 33322		Mailing Address 10670 NW 17TH PLACE PLANTATION, FL 33322
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent LEVY, STEVE 2525 N STATE ROAD 7 STE 115 HOLLYWOOD, FL 33021		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	LEIBOWITZ, IRIS	
STREET ADDRESS	10670 NW 17TH PLACE	
CITY - ST - ZIP	PLANTATION, FL 33322	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date <u>1/29/04</u> Daytime Phone # _____		



01272004 No Chg-P CR2E034 (10/03)

4. FEI Number **65-0909501** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

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IN THIS SPACE**

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02/06/04-80075-023 150.00

**DO NOT WRITE
IN THIS SPACE**