

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 09, 2004 8:00 am
Secretary of State

08-09-2004 90003 033 ***150.00

DOCUMENT # P99000081009

1. Entity Name
PAMELA DANNELEVITZ, INC.



Principal Place of Business
**621-G SEA PINE WAY
WEST PALM BEACH, FL 33415**

Mailing Address
**621-G SEA PINE WAY
WEST PALM BEACH, FL 33415**

54067418



08042004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0948360

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DANNELEVITZ, PAMELA
621-G SEA PINE WAY
WEST PALM BEACH, FL 33415**

**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

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
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	D DANNELEVITZ, PAMELA 621-G SEA PINE WAY WEST PALM BEACH, FL 33415
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**DO NOT WRITE
IN THIS SPACE**

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

8/4/04 ⁵⁶¹⁻ **252-132**

Date

Daytime Phone #

Attachment
574067418

C.R. COOPER, CPA, PA
1495 FOREST HILL BLVD STE B
WEST PALM BEACH, FLORIDA 33406

American Institute of
Certified Public Accountants

(561) 964-6927
(561) 432-0008

Florida Institute of
Certified Public Accountants

FAX (561) 433-3596

August 4, 2004

Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Taxpayer: Pamela Dannelevitz Inc.

Document #: P99000081009

FEIN: 65-0948360

Tax Form: UBR

Tax Period: 2004

To Whom It May Concern:

We have enclosed check # 2236 in the amount of \$150.00 for the 2004 Annual Renewal of Pamela Dannelevitz, Inc, Document # P99000081009.

Please abate the penalty as Ms. Dannelevitz did not receive the original UBR. The Corporation is newly formed and did not intentionally avoid the filing fee.

Thank you for your prompt attention to this matter. Please contact our office if any further information or explanation is required.

Respectfully,


C. R. Cooper, CPA

Encl.

cc