2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 20, 2004 8:00 am Secretary of State

DOCUMENT # P99000094172 1. Entity Name SOMERA & ASSOCIATES, P.A.							01-20-2004 90072 001 ***150.00				
Principal Place of Business 7300 W CAMINO REAL #202 BOCA RATON, FL 33433			. E	ailing Address 7300 W CAMINO REAL 80CA RATON, FL 334			. 435,1	6400	0500	Cot #	Te goorge
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			01072004	Chg-P	CR2E03	4 (10/03)	
City & State			+	City & State		1 J 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			plied For t Applicable		
Zip	Country			Zip		itry	5. Certificate	of Status Desired		8.75 Add	
	6. Name	and Address of Curren	t Regis	stered Agent			7. Name and	d Address of New I		ee Required aent	<u> </u>
MULLIN, JAMES G 2080 NW BOCA RATON BLVD #6 BOCA RATON, FL 33431							(hae s (P.O. Box Dumb	D Somek per is Not Acceptable 1 NO KEA	A	Zip Gode	
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 required when reinstating) DATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees											
10.		OFFICERS AN	D DIRE	CTORS	11.		ADDITIONS	/CHANGES TO OF	FICERS AND	DIRECTORS	IN 11
TITLE	D Delete					E		-		Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	SOMERA, JESSICA M 7300 W CAMINO REAL #202 BOCA RATON, FL 33433					IE EET ADORESS '-ST-ZIP					
TITLE	D	11014,12 00400	☐ Delete	E	· · · · · · · · · · · · · · · · · · ·			Change	Addition		
NAME	SOMERA, MICHAEL D					1E					
STREET ADDRESS CITY-ST-ZIP	7300 W CAMINO REAL #202 BOCA RATON, FL 33433					EET AODRESS '- ST-ZIP					
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STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·			CITY	r-ST-21P					
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 cath; that I am an officer or director of the corporation or the regeliver 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: 1-14-0 4 561 338 3795											
		SIGNATURE AND TYPED OF	PRINTE	D NAME OF SIGNING OFFICER	OR DIREC	TOR		Date	De	vtime Phone #	

JESSICA M. SOMERA