## 2004 FOR PROFIT CORPORATION

## Jul 22, 2004 08:00 AM **ANNUAL REPORT Secretary of State** DOCUMENT # S03495 · 1. Entity Name KENNETH J. LOWY, P.A. Principal Place of Business Mailing Address 10220 SW 125TH ST 10220 SW 125TH ST MIAMI, FL 33176 US MIAMI, FL 33176 US No Chg-P 07192004 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0220840 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired П 5. Name and Address of Current Registered Agent SCHIFF, JAMES M 9130 S DADELAND BLVD. DO NOT WRITE **SUITE 1609** IN THIS SPACE MIAMI, FL 33156 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 eigent and title if applicable [NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Due by September 8, 2004 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS 10. TITLE LOWY, KENNETH J NAME STREET ADORESS 10220 SW 125TH ST U00000167600 07/22/04-80001-014 150.00 CITY-ST-ZIP MIAMI, FL 33176 TITLE LOWY, ELAINE NAME 10220 SW 125TH ST STREET ADDRESS CATY-ST-ZAP MIAMI, FL 33176 3313 F NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP BBE IN THIS SPACE NAME

12. I hereby certify that the information supplied with this filling 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 thousand exposured 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 expowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

19/04 305-251-3144

FILED