# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
04 APR 12 AM 11:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # S21712

1. Entity Name
CAMBRIDGE ASSET MANAGEMENT, INC.

Principal Place of Business
3850 HOLLYWOOD BLVD
SUITE 400
HOLLYWOOD, FL 33021-6746

Mailing Address
3850 HOLLYWOOD BLVD
SUITE 400
HOLLYWOOD, FL 33021-6746

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

04022004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0233578 | Applied For | Not Applicable

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

**6. Name and Address of Current Registered Agent**
CORNFELD ROBERT M.
3850 HOLLYWOOD BLVD 400
SUITE 485 SOUTH
HOLLYWOOD, FL 33021

**7. Name and Address of New Registered Agent**
Name
Street Address (P.O. Box Number is Not Acceptable)
City | FL | Zip Code

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

**Amended AR is $61.25**

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 | DPVP ☒ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | CORNFELD, ROBERT M | NAME | 700032775417 |
| STREET ADDRESS | 3850 HOLLYWOOD BLVD. | STREET ADDRESS | 04/15/04--01011--005 **61.25 |
| CITY-ST-ZIP | HOLLYWOOD, FL 33021 | CITY-ST-ZIP | |
| TITLE | DVPS ☐ Delete | TITLE | DPVPS ☐ Change ☒ Addition |
| NAME | CORNFELD, JEFFREY D. | NAME | Jeffrey D. Cornfeld |
| STREET ADDRESS | 3850 HOLLYWOOD BLVD. | STREET ADDRESS | 3850 Hollywood Blvd |
| CITY-ST-ZIP | HOLLYWOOD, FL 33021 | CITY-ST-ZIP | Hollywood, Fl 33021 |
| TITLE | VP ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | DUFEK, JOHN A | NAME | |
| STREET ADDRESS | 3850 HOLLYWOOD BLVD #400 | STREET ADDRESS | |
| CITY-ST-ZIP | HOLLYWOOD, FL 33021 | CITY-ST-ZIP | |
| TITLE | ☐ Delete | TITLE | VP ☐ Change ☒ Addition |
| NAME | | NAME | Susanne Hurowitz |
| STREET ADDRESS | | STREET ADDRESS | 3850 Hollywood Blvd |
| CITY-ST-ZIP | | CITY-ST-ZIP | Holly wood, Fl 33021 |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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)(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:** _____ 4/2/04 954) 989-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Jeffrey D. Cornfeld