


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # S41090 1. Entity Name WALDMAN FELUREN HILDEBRANDT & TRIGOBOFF, P.A.	
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Principal Place of Business 2200 N. COMMERCE PARKWAY SUITE 202 WESTON, FL 33326 US	Mailing Address 2200 N. COMMERCE PARKWAY SUITE 202 WESTON, FL 33326 US
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**DO NOT WRITE IN THIS SPACE**



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0259686	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**6. Name and Address of Current Registered Agent**

FELUREN, M.  
2200 N. COMMERCE PARKWAY  
SUITE 202  
WESTON, FL 33326

**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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FELUREN, M. 2200 N. COMMERCE PARKWAY, SUITE 202 WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WALDMAN, G. 2200 N. COMMERCE PARKWAY, SUITE 202 WESTON, FL 33326
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**DO NOT WRITE  
IN THIS SPACE**

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01/13/04-80062-018 150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. Feluren, President

1-6-04 (954) 467-8600

Date

Daytime Phone #