


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90046 025 ***150.00

DOCUMENT # S80330	
1. Entity Name BLOOM, GETTIS, HABIB, SILVER & TERRONE, P.A.	

Principal Place of Business 2601 S. BAYSHORE DRIVE SUITE 1450 MIAMI FL 33133	Mailing Address 2601 S. BAYSHORE DRIVE SUITE 1450 MIAMI FL 33133
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E034 (11/03)

4. FEI Number 65-0286987	Applied For <input type="checkbox"/> 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 BLOOM, BURT 2601 S. BAYSHORE DRIVE SUITE 1450 MIAMI FL 33133

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
TITLE PD	<input type="checkbox"/> Delete
NAME BLOOM, BURT	
STREET ADDRESS 2601 S. BAYSHORE DR., #1450	
CITY-ST-ZIP MIAMI FL 33133	
TITLE VD	<input type="checkbox"/> Delete
NAME GETTIS, LAWRENCE	
STREET ADDRESS 2601 S. BAYSHORE DR., #1450	
CITY-ST-ZIP MIAMI FL 33133	
TITLE TD	<input type="checkbox"/> Delete
NAME HABIB, STEVEN	
STREET ADDRESS 2601 S. BAYSHORE DR., #1450	
CITY-ST-ZIP MIAMI FL 33133	
TITLE SD	<input type="checkbox"/> Delete
NAME TERRONE, ROGER	
STREET ADDRESS 2601 S. BAYSHORE DR., #1450	
CITY-ST-ZIP MIAMI FL 33133	
TITLE D	<input type="checkbox"/> Delete
NAME ROSNER, CURT A	
STREET ADDRESS 2601 S. BAYSHORE DRIVE, 1450	
CITY-ST-ZIP MIAMI FL 33133	
TITLE DVP	<input type="checkbox"/> Delete
NAME SILVER, MICHAEL A.	
STREET ADDRESS 2601 S. BAYSHORE DRIVE, 1450	
CITY-ST-ZIP MIAMI FL 33133	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: _____ **4/14/04 305-858-6211**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #