## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## DOCUMENT # \$98163

| 1   | ANNUAL I   | REPORT (A                    | R)                | R   | Apr 02 2004   | Q.00 am                        |  |
|---|--|------------------------------|-------------------|---|---|--------------------------------|--|
| DOCUMENT # S98163  1. Entity Name               |  |                              |                   |   | Apr 02, 2004 8:00 am<br>Secretary of State              |                                |  |
| LAW FIRM OF MANFRED ROSENOW, P.A.               |  |                              |                   |   | 04-02-2004 90056 002 *                                  | ***150.00                      |  |
| Principal Plac                                  | ce of Business   | Mailing Address              |                   | <u> </u>  | 7   |                                |  |
| 2425 CORAL WAY                                  |  | 601 S.W. 57 AVE.             |                   | 1   |   |                                |  |
| MIAMI FL 3                                      | 3145   | D<br>MIAMI FL 33144-         | -                 | ,   |   |                                |  |
| 9 Principal F                                   | Place of Business  | 3. Mailing Address           |                   |   | - 1347 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1            |                                |  |
|   | -18  |                              |                   |   |   |                                |  |
| Suite, Apt.                                     | .#, etc.   | Suite, Apt. #, etc.          |                   |   | MOORE CR2E034 (1  | 1/03)                          |  |
| City & State                                    |  | City & State                 |                   |   | 4. FEI Number 65-0303030                                | Applied For<br>Not Applicable  |  |
| Zip   | Country  | Zíp                          | Count             | ry  |   | 3.75 Additional Required       |  |
| 6. Name and Address of Current Registered Agent |  |                              |                   | 7. Name and Address of New Registered Agent   |   |                                |  |
| TO COOCHOW THE NEDED                            |  |                              |                   | Name Supplies to the supplies |   |                                |  |
| ROSENOW, MANFRED 2425 CORAL WAY MIAMI FL 33145  |  |                              | . المناجر         | Street Address (P.O. Box Number is Not Acceptable)  |   |                                |  |
| MIA   | MI FL 33145  |                              |                   |   |   |                                |  |
|   |  |                              |                   | City  | FL Zip Code   |                                |  |
|   | a named entity submits this statement tions of registered agent. | for the purpose of changing  | g its registere   | d office or register  | ered agent, or both, in the State of Florida. I am fam  | iliar with, and accept         |  |
| and obligat                                     | , and or registered agent.                                       |                              |                   |   | 4   |                                |  |
| SIGNATURE                                       | Signature, typed or printed name of registered age               | ont and title if applicable. | (NOTE: Registered | Agent signature required  | d when reinstating) DATE                                |                                |  |
| Afte  | ILE NOW!!! FEE IS \$150.00<br>ir May 1; 2004 Fee will be \$550.0 |                              | •                 |   | 9. Election Campaign Financing Trust Fund Contribution. | \$5.00 May Be<br>Added to Fees |  |
| Make Chec                                       | k Payable to Florida Department                                  | of State                     |                   |   | Additional Continuous.                                  | Added to 1 ces                 |  |
| 10.   | OFFICERS AND DIRECTORS 11.                                       |                              |                   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |                                |  |
| TITLE<br>NAME                                   | <del></del>  |                              | TITLE             |   |   | Change Addition                |  |
| STREET ADDRESS                                  |  |                              | NAME<br>STRE      | ET ADDRESS  |   |                                |  |
| CITY-ST-ZIP                                     |  |                              | ST-ZIP            |   |   |                                |  |
| TITLE   | ☐ Delete TITI  |                              | TITLE             |   |   | Change Addition                |  |
| NAME  |  |                              | NAM               |   | _   | ,                              |  |
| STREET ADDRESS                                  |  |                              | STRE              | ET ADDRESS  |   | -                              |  |
| CITY-ST-ZIP                                     |  |                              | CITY              | ST-ZIP  |   |                                |  |
| TITLE   | —  |                              | TITLE             | 1   |   | ] Change 🔲 Addition            |  |
| STREET ADDRESS                                  |  |                              | NAMI              |   | لله ليستهجيه منتهمينه رد ۵ ۱۳۰۰ کالان کالتيکريديور کا د |                                |  |
| CITY-ST-ZIP                                     |  |                              |                   | ET ADDRESS<br>ST-ZIP  |   |                                |  |
| TITLE   |  | ☐ Delete                     | TITLE             |   |   | Change Addition                |  |
| NAME  |  | CO DOIGIO                    | NAM               |   | _   | , change                       |  |
| STREET ADDRESS                                  |  |                              | STRE              | ET ADDRESS  |   |                                |  |
| CITY-ST-ZIP                                     |  |                              | CITY              | ST-ZIP  |   |                                |  |
| TITLE   |  | ☐ Delete                     | . TITLE           |   |   | Change    Addition             |  |
| NAME<br>CARREST ARRESTOR                        | _  |                              | NAM               |   |   |                                |  |
| STREET ADDRESS<br>CITY-ST-ZIP                   |  |                              | 1                 | ET ADDRESS<br>ST-ZIP  |   |                                |  |
|   |  | m                            |                   |   | F   | Change Fill Addition           |  |
| TITLE<br>NAME                                   |  | ☐ Delete                     | TITLE<br>NAM      |   | L   | Change Addition                |  |
| STREET ADDRESS                                  |  |                              |                   | ET ADDRESS  |   |                                |  |

12. Thereby 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 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.

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/30/04

(305) 2650006

Daytime Phone #

**FILED**