


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90322 003 \*\*\*150.00

<b>DOCUMENT # V63831</b>	
1. Entity Name JOSEPH BUCZYNER, C.P.A., P.A.	

Principal Place of Business ONE SE 3RD AVENUE SUITE <del>2420</del> 2150 MIAMI, FL 33131 US	Mailing Address ONE SE 3RD AVENUE SUITE <del>2420</del> 2150 MIAMI, FL 33131 US
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24046048



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 2150	
City & State		City & State	
Zip	Country	Zip	Country

04152004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0355833	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 BUCZYNER, JOSEPH 1 SE 3RD AVE SUITE <del>2420</del> 2150 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SUITE 2150 City FL Zip Code	
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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 \_\_\_\_\_ DATE 4/19/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEES \$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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUCZYNER, JOSEPH			NAME			
STREET ADDRESS	1SE 3RD AVE SUITE <del>2420</del> 2150			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL			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:** \_\_\_\_\_ **305-375-0766**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #