


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**


03-09-2004 90038 044 \*\*\*150.00

|   |   |
|---|---|
| <b>DOCUMENT # V69353</b>                  |  |
| 1. Entity Name<br>LOUISA SMITH-ADAM, P.A. |   |

|   |   |
|---|---|
| Principal Place of Business<br>11317 EAST TEACH ROAD<br>PALM BEACH GARDENS, FL 33410-3437 | Mailing Address<br>11317 EAST TEACH ROAD<br>PALM BEACH GARDENS, FL 33410-3437 |
|---|---|

|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|---|---|

|              |              |                                    |                               |
|--------------|--------------|------------------------------------|-------------------------------|
| City & State | City & State | 4. FEI Number<br><b>65-0361856</b> | Applied For<br>Not Applicable |
| Zip          | Country      | Zip                                | Country                       |



03052004 Chg-P CR2E034 (10/03)

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

**6. Name and Address of Current Registered Agent**

SMITH-ADAM, LOUISA  
 11317 EAST TEACH ROAD  
 PALM BEACH GARDENS, FL 33410-3437

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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**

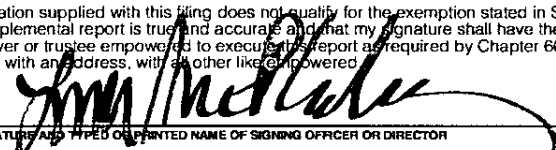
**10. OFFICERS AND DIRECTORS**

|  |   |                                 |
|--|---|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PST<br>SMITH-ADAM, LOUISA<br><del>2001 BOMAR RD #4</del><br><del>NORTH PALM BEACH, FL 33408</del> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SMITH-ADAM, LOUISA<br><del>2001 BOMAR RD #4</del><br><del>NORTH PALM BEACH, FL 33408</del>   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|   |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11317 E. Teach Rd<br>Palm Beach Gardens Fla. 33410-3437 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11317 E. Teach Rd<br>Palm Beach Gardens Fla 33410-3437  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|   |  |

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:  Date: March 5, 2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Pay to Order 94 011 0306