


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000055138 1. Entity Name ANNE L. REINSTEIN, INC.	
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Principal Place of Business 13954 N. CYPRESS COVE CIRCLE DAVIE, FL 33325	Mailing Address 13954 N. CYPRESS COVE CIRCLE DAVIE, FL 33325
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DO NOT WRITE IN THIS SPACE



04032004 No Chg-P _ _ CR2E034 (10/03)

4. FEI Number 65-1014887	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent REINSTEIN, ANNE L 13954 N. CYPRESS COVE CIRCLE DAVIE, FL 33325	DO NOT WRITE IN THIS SPACE
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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST REINSTEIN, ANNE L 13954 N. CYPRESS COVE CIRCLE FORT LAUDERDALE, FL 333256749
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IN THIS SPACE**

U000000108399
U4/U8/U4-80013-020 150.00

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:  **ANNE L. REINSTEIN** **4/6/04** **951-444-2887**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #