


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000008827**  
 1. Entity Name  
 ROSEMARIE N. SCHADE, P.A.



Principal Place of Business 201 S BISCAYNE BLVD # 1600 MIAMI, FL 33131	Mailing Address 201 S BISCAYNE BLVD # 1600 MIAMI, FL 33131
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03022004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0567187	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  
 CORPORATION COMPANY OF MIAMI  
 201 S BISCAYNE BLVD #1600  
 MIAMI, FL 33131

**DO NOT WRITE IN THIS SPACE**

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 re-issuing) DATE \_\_\_\_\_

**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 NAME STREET ADDRESS CITY-ST-ZIP	D SCHADE, ROSEMARIE N 201 S BISCAYNE BLVD #1600 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERRONE, STEPHEN L 201 S BISCAYNE BLVD #1600 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBBONS, K ONE RIVERFRONT PLAZA #1800 LOUISVILLE, KY 40202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NETTINA, RITA M 4900 VAN BUREN STREET HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000085983  
 03/12/04-80004-024 150.00

**DO NOT WRITE IN THIS SPACE**

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: RN Schade, RN SCHADE President 3/5/04 (305) 358-6300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #