

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2005 08:00
Secretary of Stat

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



04122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0567187 Applied For
Not Applicable

5. Certificate of Status Desired \$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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when retaking)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME SCHADE, ROSEMARIE N
STREET ADDRESS 201 S BISCAYNE BLVD #1600
CITY-ST-ZIP MIAMI, FL 33131

TITLE D
NAME PERRONE, STEPHEN L
STREET ADDRESS 201 S BISCAYNE BLVD #1600
CITY-ST-ZIP MIAMI, FL 33131

TITLE D
NAME GIBBONS, K
STREET ADDRESS ONE RIVERFRONT PLAZA #1800
CITY-ST-ZIP LOUISVILLE, KY 40202

TITLE S
NAME NETTINA, RITA M
STREET ADDRESS 4900 VAN BUREN STREET
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

UD00000317523
04/20/05-80023-004 150.00

**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)(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: *Rosemarie N. Schade*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/05 305 358-6300

Date

Daytime Phone #