

**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

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

04-19-2004 90413 037 \*\*\*150.00



**DOCUMENT # P97000089110**

1. Entity Name

LANDEE-SUE KRAMER P.A.

Principal Place of Business

3625 N. COUNTRY CLUB DR.  
 APT. 908  
 AVENTURA FL 33180

Mailing Address

3625 N. COUNTRY CLUB DR.  
 APT. 908  
 AVENTURA FL 33180

2. Principal Place of Business

3675 N. Country Club Dr.  
 Suite, Apt. #, etc.  
 # 903

3. Mailing Address

3675 N Country Club Dr.  
 Suite, Apt. #, etc.  
 # 903



MOORE CR2E034 (11/03)

City & State

Aventura FL

City & State

Aventura FL

4. FEI Number

65-0794867

Applied For

Not Applicable

Zip

33180

Country

USA

Zip

33180

Country

USA

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MANELLA, ROSS H  
 2500 HOLLYWOOD BLVD., STE. 212  
 HOLLYWOOD FL 33020

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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	DPST <input type="checkbox"/> Delete
NAME	KRAMER, LANDEE-SUE
STREET ADDRESS	3675 N. COUNTRY CLUB DR. #903
CITY-ST-ZIP	AVENTURA FL 33180
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: Randee-Sue Kramer / Randee-Sue Kramer  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/17/04

Daytime Phone #

3056927642