


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 18, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 258044</b> 1. Entity Name 4001 CORP	
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Principal Place of Business 4001 PONCE DE LEON BLVD CORAL GABLES, FL 33146-1417	Mailing Address 4001 PONCE DE LEON BLVD CORAL GABLES, FL 33146-1417
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**DO NOT WRITE IN THIS SPACE**



03102004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-0992997	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

CAGLE, PETER  
7211 S.W. 62 AVE  
SUITE 201  
S. MIAMI, FL 33143

**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 reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHAEFER, JOHN 4001 PONCE DE LEON BLVD CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHAEFER, PAUL T. 4919 BILTMORE DR CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD SCHAEFER, THOMAS M 4001 PONCE DE LEON BLVD. CORAL GABLES, FL 33146
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U000000091273  
03/18/04-80002-010 150.00

**DO NOT WRITE  
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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.

<b>SIGNATURE:</b>  <b>JOHN SCHAEFER, President</b>	Date <b>3-12-04</b>	Daytime Phone # <b>305 445-7711</b>
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