

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # 604759 1. Entity Name KROOP & SCHEINBERG, P.A.					
Principal Place of Business 800 WEST AVE C-1 MIAMI BEACH FL 33139 US			Mailing Address 800 WEST AVE C-1 MIAMI BEACH FL 33139 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt # etc		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1494357 Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Barcode:  MOORE CR2E034 (11/03)	
6. Name and Address of Current Registered Agent KROOP (RICHARD I) 800 WEST AVE C-1 MIAMI FL 33139				7. Name and Address of New Registered Agent 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 NAME STREET ADDRESS CITY - ST - ZIP	STD SCHEINBERG, BRUCE J 800 WEST AVE CIR MIAMI FL 33139	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KROOP, RICHARD 800 WEST AVE CIR MIAMI FL 33139	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
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.			U000000017706 01/28/04-80106-002 150.00		
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 1-23-04 Daytime Phone #: 305-538-2075		