2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 853830 1. Entity Name

STIEFEL LABORATORIES, INC.

CIRCLE	
FL 33134-69	24

FILED Mar 31, 2004 8:00 am Secretary of State 03-31-2004 90007 019 ***150.00

25 ALHAMBRA CIRCLE SUTE 100 CORAL GALES FL 33134-9924 2 Principal Place of Business 3. Majing Againess MOORE CR26034 (11/03) 2 Principal Place of Business City & State City & Sta	Principal Plac	e of Business	Business Mailing Address								
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8. Certificate of Status Desired Fee Required Interest Page 1 Fee Required Interest Page	City & Stat	9	City & State				4. FEI Number 14-1255448				
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STIEFEL, CHARLES W. 255 ALHAMBRA CIRCLE STE 1000 CORAL GABLES FL 33134 City 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		6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent						
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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. ### FILE NOWIL FEE IS \$150.00 ### FILE NOWIL FEE IS \$150.00 ### Payable to Florida Department of State 10. OPFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III. ### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III. ### DEVISION TO CORAL WAY APT. 13E **CORAL WAY APT. 13E **CORAL WAY APT. 13E **CORAL GABLES FL **ITTLE **TO CORAL GABLES FL **TO CORAL GABLES FL											
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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)(i), Florida Statutes. I further certify that the information				CITY	-ST-ZIP	ĺ					
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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: