


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # G56776**  
 1. Entity Name  
 RONALD D. SCHAIN, CPA, P.A.



Principal Place of Business      Mailing Address  
 2699 STIRLING ROAD, B-206      2699 STIRLING ROAD, B-206  
 FT. LAUDERDALE, FL 33312-6543      FT. LAUDERDALE, FL 33312-6543

**DO NOT WRITE IN THIS SPACE**



01202004    No Chg-P    CR2E034 (10/03)

4. FEI Number 59-2317503	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 SCHAIN, RONALD D.  
 2699 STIRLING ROAD, B-206  
 FORT LAUDERDALE, FL 33312

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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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST SCHAIN, RONALD D. 2699 STIRLING ROAD FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHAIN, RONALD D. 2699 STIRLING ROAD FT. LAUDERDALE, FL
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 05/03/04-80100-012 150.00

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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 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:  RONALD D. SCHAIN      4/29/04      (954) 962 0611  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #