


FILED

Feb 05, 2005 08:00

Secretary of State

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G83341 1. Entity Name PHILIP H. MONDSCHNEIN, P.A.			
Principal Place of Business % PHILIP H. MONDSCHNEIN 9000 S.W. 87TH CT. S-218 MIAMI, FL 33176		Mailing Address % PHILIP H. MONDSCHNEIN 9000 S.W. 87TH CT. S-218 MIAMI, FL 33176	
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent MONDSCHNEIN, PHILIP H. 9000 SW 87TH CT. SUITE 218 MIAMI, FL 33176		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when terminating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	NAME	PD MONDSCHNEIN, PHILIP H. STREET ADDRESS 9000 SW 87TH CT. S-218 CITY-ST-ZIP MIAMI, FL	
TITLE	NAME	DO NOT WRITE IN THIS SPACE	
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME		
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STREET ADDRESS	CITY-ST-ZIP		
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TITLE	NAME		
STREET ADDRESS	CITY-ST-ZIP		
TITLE	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)(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.			
SIGNATURE: <u>Philip H. Mondschnein</u> <u>Philip H. Mondschnein</u> <u>1-25-05</u> <u>(305) 274-0955</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			



01242005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2373151	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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