


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # L61749 1. Entity Name MICHAEL SCHIFFRIN & ASSOCIATES, P.A.	
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Principal Place of Business
**9130 SOUTH DADELAND BLVD
SUITE 1109, 2 DATRAN CENTER
MIAMI, FL 33156 US**

Mailing Address
**9130 SOUTH DADELAND BLVD
SUITE 1109, 2 DATRAN CENTER
MIAMI, FL 33156 US**



01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number 65-0182320	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SCHIFFRIN, MICHAEL ESQ
9130 SOUTH DADELAND BLVD
2 DATRAN CENTER, SUITE 1109
MIAMI, FL 33156**

**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 _____

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**

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	PD SCHIFFRIN, MICHAEL 9130 SOUTH DADELAND BLVD, SUITE 1109 MIAMI, FL 33156
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01/09/04-80003-022 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daysmo Phone #

MICHAEL SCHIFFRIN

1/5/04

305-539 0000