## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # M49073**

1. Entity Name KIENE, HAND & COMPANY, P.A.

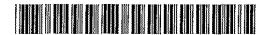


FILED
Apr 16, 2004 08:00 AM
Secretary of State

Principal Place of Business

240 CRANDON BLVD., SUITE 202 KEY BISCAYNE, FL 33149-8556 .Mailing Address

240 CRANDON BLVD., SUITE 202 KEY BISCAYNE, FL 33149-8556



03242004

No Chg-P

CR2E034 (10/03)

FEI Number
 59-2192453

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOWMAN, ROBERT M 17302 SW 78 PL MIAMI, FL 33157

**SIGNATURE:** 

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	named entity submits this statement for the pions of registered agent.	ourpose of changing its re-	gistered office or r	egistered agent, or bo	oth, in the State of Florida. I am famil	lar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	l applicable. (NOTE, R.	legistered Agent signature	required when reinstalling)	DATE	<u> </u>
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	U00000115212 04/16/04-80015-003	3 150 <b>.</b> 00
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KIENE, JOSEPH H 151 CRANDON BLVD, #343 KEY BISCAYNE, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HAND, JEFFREY 9921 SW 129 STREET MIAMI, FL	·		_		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	į
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					444	
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.						