


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 09, 2004 8:00 am**  
**Secretary of State**

08-09-2004 90001 033 \*\*\*150.00

DOCUMENT # P00000024583					
1. Entity Name <b>KAUFMAN &amp; SCHWARTZ, INC.</b>					
Principal Place of Business <b>11166 ISLE BROOK COURT WQELLINGTON, FL 33414</b>			Mailing Address <b>11166 ISLE BROOK COURT WQELLINGTON, FL 33414</b>		
2. Principal Place of Business <b>11166 ISLE BROOK COURT</b>			3. Mailing Address		
Suite, Apt. #, etc. <b>WELLINGTON, FLORIDA</b>			Suite, Apt. #, etc.		
City & State			City & State		
Zip <b>33414-7038</b>		Country <b>PAHM BEACH</b>		Zip	
Country		Country		4. FEI Number <b>65-0993321</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE, FL 33311-4132</b>				7. Name and Address of New Registered Agent Name <b>KENNETH KAUFMAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>11166 ISLE BROOK COURT</b> City <b>WELLINGTON</b> FL Zip Code <b>33414-7038</b>	
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 <b>KENNETH KAUFMAN</b> <i>Kenneth Kaufman</i> <b>JULY 29, 2004</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAUFMAN, KENNETH 11166 ISLE BROOK COURT WQELLINGTON, FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAUFMAN, PETER 11166 ISLE BROOK COURT WQELLINGTON, FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWARTZ, JEFFRY 11166 ISLE BROOK COURT WQELLINGTON, FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWARTZ, LAWRENCE 11166 ISLE BROOK COURT WQELLINGTON, FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 attached form, with all the like information.					
SIGNATURE: <i>Kenneth Kaufman</i>			Date <b>JULY 29, 2004</b> Daytime Phone # <b>561 798 2401</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

**54067318**



07122004 Chg-P CR2E034 (10/03)

*Attachment*

KENNETH KAUFMAN

*54067318*

*#P00000024583*

11166 Isle Brook Court  
Wellington, Florida 33414-7038  
Tel: 561 798 2401 Fax: 561 795 2269

july 29, 2004

Division of Corporations  
Annual Report/Uniform Business Report Section  
P.O.Box 6327  
Tallahassee, Florida 32314

To Whom It May Concern:

Enclosed are payments of \$150 to cover the annual report/uniform business reports for the three corporations. The \$400 late fees are not included. To the best of my recollection no prior notifications were received that fees were due. Had I been notified that fees were due they surely would have been paid on time.

In view of the above I hereby request that your late fee charges be rescinded.

Very truly yours,

*Kenneth Kaufman*