

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 24, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000090889	
1. Entity Name CHRISTINE PFEFFER, P.A.	

Principal Place of Business PO BOX 560384 MIAMI, FL 33256	Mailing Address PO BOX 560384 PH-2 MIAMI, FL 33256
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DO NOT WRITE IN THIS SPACE



01182004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1054049	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SCHIMMEL, ROBERT L HESSEN SCHIMMEL & DE CASTRO PA 3191 CORAL WAY PH-2 MIAMI, FL 33145

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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 _____	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE _____
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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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PFEFFER, CHRISTINE PO BOX 560384 MIAMI, FL 33256
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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: <u>Christine Pfeffer</u>	CHRISTINE PFEFFER	Date <u>1/19/04</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		