


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 10, 2004 8:00 am**  
**Secretary of State**

08-10-2004 90002 012 \*\*\*150.00

<b>DOCUMENT # P02000041354</b>					
<b>1. Entity Name</b> K.R. MULLER & ASSOCIATES, INC.					
<b>Principal Place of Business</b> 714 S.W. 157TH TERRACE SUNRISE, FL 33326			<b>Mailing Address</b> 714 S.W. 157TH TERRACE SUNRISE, FL 33326		
<b>2. Principal Place of Business</b> SAME AS ABOVE		<b>3. Mailing Address</b> SAME AS ABOVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	07272004    Chg-P    CR2E034 (10/03)	
<b>4. FEI Number</b> 03-0431166				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
BERNSTEIN, MARK 5001 S. UNIVERSITY DRIVE SUITE #A DAVIE, FL 33328			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULLER, KEITH 714 S.W. 157TH TERRACE SUNRISE, FL 33326	<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	
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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	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Keith R. Muller</i>		8/3/04		954-868-0997	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

July 28, 2004

K.R. MULLER & ASSOCIATES, INC.  
714 S.W. 157TH TERRACE  
SUNRISE, FL 33326

SUBJECT: K.R. MULLER & ASSOCIATES, INC.  
Ref. Number: P02000041354

Upon receipt of your letter and/or check(s) totaling \$150.00, no document was found. Please send your document with any fees due to:

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Ruby Dunlap  
Document Specialist

Letter Number: 804A00047491

8/3/04. MARY THANKS FOR THE HELP.

Attachment 282  
24079389  
PO2000041354

**K.R. MULLER & ASSOCIATES INC.**

P.O. Box 550655  
Ft. Lauderdale, Fl. 33355  
Phone/ Fax  
(954)217-7412  
Pager  
(954)877-3522  
[ISPYURBUSTED@aol.com](mailto:ISPYURBUSTED@aol.com)  
License A2200129

July 15, 2004

To Whom It May Concern,

On this date I have just received the "Notice of Intent To Dissolve". I have never received any prior notice and being new to the business world(ownership) I want to apologize for any inconvenience that this might have caused. Please contact me if there is anything else that I might need to do.

Sincerely,

  
Keith R. Muller

President

K.R. Muller & Associates

PO2000041354