## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 08:00 AM
Secretary of State

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1. Entity Name

RICHARD SCHIFFMILLER, P.A.



Principal Place of Business

Mailing Address

10242 N.W. 47TH ST., STE. #32 SUNRISE, FL 33351 10242 N.W. 47TH ST., STE. #32 SUNRISE, FL 33351



## DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For 22-3888667 Not Applied be

5. Certificate of Status Desired

01102007

\$8.75 Additional Fee Required

CR2E034 (11/05)

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145

## DO NOT WRITE IN THIS SPACE

No Chg-P

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8. The above the obligat	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	ed office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept			
SIGNATURE_	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registere	i Agent segnature	required when reinstating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.		\$5.00 May Be	U00000587957 01/17/07-80053-015 150.00			
10.	OFFICERS AND DIREC	CTORS						
TITLE NAME STREET ADDRESS CITY+ST-ZIP	PSTD SCHIFFMILLER, RICHARD 10242 N.W. 47TH ST., STE. #32 SUNRISE, FL 33351		DO NOT WRITE IN THIS SPACE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		1						
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TIILE NAME Street Address Chty-St-Zip					•			
HTLE NAME STREET ADDRESS								

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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 BILLING OFFICER OR DIRECTOR

1/12/07

954-146-0307