


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90049 006 ***150.00

DOCUMENT # P03000006280	
1. Entity Name KATHLEEN ACHILLE, P.A.	

Principal Place of Business 8637 MIRAMAR PARKWAY MIRAMAR FL 33025 US	Mailing Address 8637 MIRAMAR PARKWAY MIRAMAR FL 33025 US
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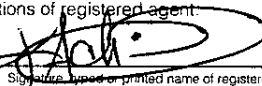
2. Principal Place of Business 707 S.E. 3rd Ave.	3. Mailing Address 8637 Miramar Pkwy.
Suite, Apt. #, etc. 401	Suite, Apt. #, etc.

City & State Fort Lauderdale FL	City & State Miramar FL
Zip 33316	Zip 33025
Country USA	Country USA



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent ACHILLE, KATHLEEN 8637 MIRAMAR PARKWAY MIRAMAR FL 33025	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 	DATE 2/19/04

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ACHILLE, KATHLEEN 8637 MIRAMAR PARKWAY MIRAMAR FL 33025 <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

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.	
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SIGNATURE 	DATE 2/19/04	DAYTIME PHONE # (954) 524-8060
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