

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90982 046 ***150.00

DOCUMENT # P03000059936

1. Entity Name
LIESEGANG CORPORATION



Principal Place of Business
**8613 NW 52 PL.
CORAL SPRINGS, FL 33067**

Mailing Address
**8613 NW 52 PL.
CORAL SPRINGS, FL 33067**

24055455



2. Principal Place of Business
1001 W. Cypress Creek Rd.
Suite, Apt. #, etc.
Suite 103
City & State
Fort Lauderdale, FL
Zip
33309
Country
USA

3. Mailing Address
1001 W. Cypress Creek Rd.
Suite, Apt. #, etc.
103
City & State
Fort Lauderdale FL
Zip
33309
Country
USA

04232004 Chg-P CR2E034 (10/03)

4. FEI Number
75-3119151
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CAGGIANO, ROBERT P
8613 NW 52 PL.
CORAL SPRINGS, FL 33067**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**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**

10. OFFICERS AND DIRECTORS

TITLE P	<input checked="" type="checkbox"/> Delete
NAME DIBLASI, PAOLO	
STREET ADDRESS 8613 NW 52 PL.	
CITY-ST-ZIP CORAL SPRINGS, FL 33067	
TITLE VP	<input type="checkbox"/> Delete
NAME HAMPEL, OLAF	
STREET ADDRESS 8613 NW 52 PL.	
CITY-ST-ZIP CORAL SPRINGS, FL 33067	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/04